



CAT OWNER RELINQUISHMENT QUESTIONNAIRE / MEDICAL HISTORY CONSENT FORM

To provide the best care for your pet, it is necessary to have your pet's behavioral and medical histories available for review. Please complete the following information so we may get to know your pet better and obtain their medical records from your veterinarian. Signing this form does not waive or reduce any fees past or present from the Irvine Animal Care Center.

CAT'S NAME	AGE	BREED / MIX	GENDER
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

WHAT IS THE REASON FOR RELINQUISHING YOUR CAT?

QUESTIONNAIRE

1. Is your cat spayed/neutered? YES NO If YES, when? _____

2. Where did you obtain your cat? _____ How long ago? _____

3. Is your cat declawed? FRONT ONLY FRONT / BACK NOT DECLAWED

4. Where does your cat live? INDOORS OUTDOORS INDOORS AND OUTDOORS

5. When is your cat indoors and when is your cat outdoors?

6. How would you describe your cat? (check all that apply)

- | | | | |
|---|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> FRIENDLY WITH FAMILY | <input type="checkbox"/> FRIENDLY WITH VISITORS | <input type="checkbox"/> INDEPENDENT | <input type="checkbox"/> COUCH POTATO |
| <input type="checkbox"/> SHY WITH FAMILY | <input type="checkbox"/> SHY WITH VISITORS | <input type="checkbox"/> AFFECTIONATE | <input type="checkbox"/> PLAYFUL |
| <input type="checkbox"/> BITES FREQUENTLY | <input type="checkbox"/> DIFFICULT TO HANDLE | <input type="checkbox"/> TALKATIVE | <input type="checkbox"/> DESTRUCTIVE |
| | | | <input type="checkbox"/> QUIET |

7. My cat likes: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> TO PLAY | <input type="checkbox"/> TO HIDE |
| <input type="checkbox"/> TO BE PET | <input type="checkbox"/> TO SIT ON LAPS |
| <input type="checkbox"/> TO BE BRUSHED | <input type="checkbox"/> TO BE HELD |

8. My cat does not like: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> TO BE PET | <input type="checkbox"/> TO SIT ON LAPS |
| <input type="checkbox"/> TO BE BRUSHED | <input type="checkbox"/> TO BE HELD |

CAT OWNER RELINQUISHMENT QUESTIONNAIRE / MEDICAL HISTORY CONSENT FORM

9. How does your cat behave around strangers in the home? (select one)

- FRIENDLY AND OUTGOING
- HIDES INITIALLY AND THEN COMES OUT TO EXPLORE / GREET PEOPLE
- HIDES AND DOES NOT COME OUT UNTIL STRANGERS ARE GONE
- AGGRESSIVE
- OTHER _____

10. Would you describe your home as: (select one)

- QUIET IN-BETWEEN
- BUSY A CIRCUS

11. Tell us anything you think a new adopter would like to know about your cat.

WHO LIVES WITH YOUR CAT NOW?

12. Adults 1 2 3 4+

13. Children 1 2 3 4+

14. Ages of children

15. How does your cat get along with the people in your household? (select one)

- FRIENDLY WITH ALL MEMBERS OF THE HOUSEHOLD
- TOLERATES EVERYONE BUT HAS ONE OR TWO FAVORITE PEOPLE
- HIDES FROM EVERYONE BUT THEIR PREFERRED PERSON
- BITES, SCRATCHES, HISSES AT, SWATS EVERYONE BUT THEIR PREFERRED PERSON
- BITES, SCRATCHES, HISSES AT, SWATS ONE MEMBER OF THE HOME REGULARLY AND LIKES / TOLERATES ALL OTHER MEMBERS OF THE HOUSEHOLD

RELATIONSHIP WITH CATS

16. Has your cat lived with other cats? YES NO

CAT OWNER RELINQUISHMENT QUESTIONNAIRE / MEDICAL HISTORY CONSENT FORM

RELATIONSHIPS WITH CATS (continued)

17. How many cats lived in the home with the cat? (select one) 1 2 3 4+

18. Do the cats get along? (select one)

YES
Skip to question 24

NO
Proceed to question 19

SOMETIMES
Proceed to question 19

CAT/CAT AGGRESSION

19. When did the aggression begin?

20. Have the cats ever drawn blood on one another? (select one) YES NO MAYBE

21. Which cat is typically the aggressor?

22. Tell us what the fights typically look like.

23. How frequently do the cats fight?

OTHER PETS

24. Has your cat lived with dog(s)? YES NO If YES, tells us the age(s) and breed(s) of the dog(s).

25. Did your cat get along with the dog(s)?

26. Has your cat lived with animals other than cats and dogs? YES NO If YES, tells us what other species.

LITTERBOX

27. Has your cat had any issues using the litter box?

YES
Proceed to question 28

NO
Skip to question 37

CAT OWNER RELINQUISHMENT QUESTIONNAIRE / MEDICAL HISTORY CONSENT FORM

LITTERBOX ISSUES

28. Is your cat . . . (check all that apply)

URINATING INAPPROPRIATELY

SPRAYING ON VERTICAL SURFACES

DEFECATING INAPPROPRIATELY

OTHER _____

29. How often is your cat eliminating inappropriately? (select one)

DAILY

A FEW TIMES A MONTH

2-3 TIMES A WEEK

LESS THAN ONCE A MONTH

OTHER _____

30. How long has your cat been eliminating inappropriately?

31. What type of litter box do you have? (check all that apply)

COVERED

OTHER _____

UNCOVERED

32. How many litter boxes does your cat have access to? (select one)

1

2

3

4+

33. What type of litter do you use?

34. Have you tried other types of litter? YES NO If YES, what have you tried? (check all that apply)

NATURAL PLANT-BASED LITTERS SUCH AS WORLD'S BEST CAT LITTER OR SWHEAT SCOOP

UNSCENTED CLUMPING

SCENTED CLAY NON-CLUMPING

SCENTED CLUMPING

CRYSTAL CAT LITTERS

UNSCENTED CLAY NON-CLUMPING

OTHER _____

35. How often do you scoop the box? (select one)

ONCE DAILY

EVERY FEW DAYS

TWICE DAILY

ONCE A WEEK

EVERY OTHER DAY

OTHER _____

36. Has your cat ever seen a veterinarian for these issues? YES NO

If YES, were there any medical issues? YES NO

CAT OWNER RELINQUISHMENT QUESTIONNAIRE / MEDICAL HISTORY CONSENT FORM

HEALTH

37. Does your cat have any current health issues? If yes, please explain.

38. Is there anything else we should know about your cat?

I GIVE PERMISSION TO THE IRVINE ANIMAL CARE CENTER TO CONTACT MY VETERINARIAN AND OBTAIN MY PET'S MEDICAL HISTORY.

SIGNATURE*

PRINT NAME*

DATE

VETERINARIAN NOTE: Please fax all records to the Irvine Animal Care Center at 949-724-7749, ATTN: Veterinary Care Team. For more information, please call us at 949-724-7740.

FOR OFFICE USE ONLY

STAFF NOTES: