

Date: _____

Owner's Name: _____

Cat Surrender Application
Kitty Kat Haven

Cat's Name: _____ Age: _____ Sex: Male Female

Breed: _____ Color: _____ Spayed/Neutered? Yes No

Why do you need to give up your cat? _____

Would any of the following resources help you keep your cat?

- Free pet food Funds for pet deposit Behavior Resources Cat Tree or Hideaways
- Toys, beds, other supplies Flea control Financial Aid Resources for Vet Care
- Other _____

Where did you get your cat from? Friend/relative Classified/online ad Pet Store Found Breeder
 Kitty Kat Haven Other Shelter/Rescue (which one?) _____ Other _____

How long have you owned your cat? _____

How long have you been attempting to find your cat a new home? _____

Where have you advertised your cat? Washington Pets Facebook Group Paws for Pets: Resources in Lewis County Facebook group
 Craigslist GetYourPet.com Adopt-A-Pet / Rehome
 Personal Facebook page Other: _____

Where does your cat spend its time? Inside only Inside mostly Outside day/inside night Outside only

What type(s) of animals has your cat lived with, or spent time with?

Dogs: Loves! Likes Ignores Doesn't like Has hurt or killed

Cats: Loves! Likes Ignores Doesn't like Has hurt or killed

Other animals _____ Loves! Likes Ignores Doesn't like Has hurt or killed

Has your cat been around children? No Not often Yes, visiting kids Yes, lived with kids

Would you recommend placing your cat in a home with children? Yes No Older children only

Why? _____

Has your cat ever bitten anyone? No Yes, date of last bite that broke skin: _____

If your cat has ever bitten a person, please describe in detail what led to your cat biting:

What type of home would your cat do best in? Very Active Somewhat active Calm & quiet

What is your cat's favorite thing to do? _____

Does your cat regularly use its litterbox? Yes, always Sometimes Rarely

How many cats do you have? _____ How many litterboxes? _____

Please check **all that apply** to your cat: Outgoing Social with strangers Shy
Afraid of loud noises Barn Cat/ Working Cat Loves toys Hides Picky eater
Destroys furniture or household items Bonded to another pet (bonded to: _____)
Good with Dogs Good with other cats Fights with other cats Afraid of dogs

Does your cat have any medical issues? No Yes (describe) _____

Name of Veterinary Clinic: _____

Is your cat current on vaccines? Yes No Unsure

Is your cat declawed? No Front paws Rear paws All 4 feet

Does your cat have any allergies that you're aware of? No Yes (describe) _____

Describe your cat in 5 words: _____

Describe the ideal home for your cat: _____

Is there anything else you'd like to tell us, or your cat's adopter? _____

Contact Name: _____

Phone: _____

Email: _____

Preferred method of contact:

Email Text Phone

Please return this completed form
to: Kitty Kat Haven
E-mail to: kittyhavenwa@gmail.com

Mail: PO BOX 306,
Chehalis, WA 98532