

**CAT SURRENDER QUESTIONNAIRE – DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **OWNER’S DETAILS** |
| First Name:  | Surname: |
| Home Phone: |  |  |  |
| Address:  |  | Post Code: |
| Email: |  |

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| **CAT’S DETAILS** |
| Cat’s Name:  | Age: DOB: | Breed: |
| Sex: [ ]  Male [ ]  Female | Desexed: [ ]  Yes [ ]  No [ ]  Unsure |
| Microchipped: [ ]  Yes [ ]  No [ ]  Unsure Microchip Number: |
| If microchipped is the cat registered to the current owner: [ ]  Yes [ ]  No [ ]  Unsure |
| Is the cat registered with your local council: [ ]  Yes [ ]  No [ ]  Unsure |
| Last vaccination date:What was the vaccination for? |
| Where did you get your cat? |
| Did you pay for your cat? [ ]  Yes [ ]  No Is your cat registered with council [ ]  Yes [ ]  No  |
| How old was the cat when you acquired him/her? |
| Please explain why you are surrendering your cat: Surrendering kittens to NRAS as unable to care for |

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| **LIFESTYLE AND HOME LIFE** |
| Is your cat allowed inside? | [ ]  Yes [ ]  No [ ]  Sometimes |
| Is your cat allowed outside? | [ ]  Yes [x]  No [ ]  Sometimes |
| Where does your cat prefer to spend most of its time? [ ]  Indoors [ ]  Outdoors  |
| When no one is home where is your cat kept?  |
| Where does your cat sleep at night? |
| How much time does your cat spend on his/her own? |
| Does the cat like to keep you company when you are home? [ ]  Yes [ ]  No [ ]  Sometimes |
| Does your cat use a litter tray? [ ]  Yes [ ]  No [ ]  Sometimes |
| If no, where does your cat toilet? [ ]  Goes outside [ ]  Other please explain |
| Does your cat spray? [ ]  Yes [ ]  No If yes, where and when? |
| Do you have any other cats? [ ]  Yes [ ]  No Dogs? [ ]  Yes [ ]  No Any other pets? |
| How does your cat interact with these other pets? |
| Does your cat have any problem behaviours? (i.e. scratching) [ ]  Yes [ ]  No If yes please explain |
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| How many adults and children live at home with the cat?  |
| What are the childrens ages? |
| Is your cat social with adults? [ ]  Yes [ ]  No If no, what do they do? |
| Is your cat social with children? [ ]  Yes [ ]  No If no, what do they do? |
| Is your cat social with strangers? [ ]  Yes [ ]  No If no, what do they do? |

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| **BEHAVIOUR AND TEMPERAMENT** |
| How active is your cat? | [ ]  Very | [ ]  Moderately | [ ]  Not very | [ ]  Unsure |
| How playful is your cat? | [ ]  Very | [ ]  Moderately | [ ]  Not very | [ ]  Unsure |
| How affectionate is your cat? | [ ]  Very | [ ]  Moderately | [ ]  Not very | [ ]  Unsure |
| Does your cat enjoy being picked up handled? | [ ]  A lot | [ ]  Sometimes | [ ]  No | [ ]  Unsure |
| Has your cat ever scratched anyone?  | [ ]  Yes  | [ ]  No |
| If yes please explain |
| Has your cat ever bitten anyone?  | [ ]  Yes | [ ]  No |
| Has your cat ever been in a fight with another cat? | [ ]  Yes | [ ]  No |

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| **FOOD** |
| What do you feed your cat? |
| How many times a day is your cat fed? |
| Is your cat comfortable with people and animals being around when he/she is fed? [ ]  Yes [ ]  No |
| If no, what does the cat do in this situation? |
| **HEALTH** |
| Has your cat ever had any vaccinations? [ ]  Yes [ ]  No [ ]  Unsure |
| If yes, when? |
| What is the name of your current vet? |
| What are the contact details for the current vet? |
| When and why was the last time you took your cat to the vet? |
| Does your cat have any medical conditions/history that you are aware of? [ ]  Yes [ ]  No |
| If yes, please explain |
| Is your cat currently on any medication? [ ]  Yes [ ]  No |
| If yes, please explain |
| **OTHER INFORMATION** |
| Please tell us anything else about this cat that you think future adopters would like to know |
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**Please note that NRAS requests a surrender fee per animal. If your animal is older than 6mths and not registered, the surrender fee will also include the registration fee needed. Any additional health checks required will also be added to the surrender fee.**

Please attach any copy of vaccinations/medical reports with this form.

**If it is found that any of the above information you have supplied is incorrect NRAS reserve the right to pursue any monetary cost from *you* that arise from any incident/s**

**Owner’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| NRAS OFFICE DETAILS ONLY |  |
| Animal ID |  |  |
| Desexing certificate provided YES / NO | Vaccination certificate provided? YES / NO |  |