



NO PAWS LEFT BEHIND ANIMAL SHELTER

59 Hodges Cross Rd
North Adams, MA 01247

contact@nopawsleftbehindas.org

Cat Surrender Form

Your name: _____ Number: _____

Address: _____

Name of pet: _____ Age _____ Breed _____

Is your cat spayed/neutered?: Yes _____ No _____

Why are you needing to surrender this animal? _____

Where did you get your cat?: Friend ___ Family member ___ Breeder ___ Other ___

What has the cat lived with?: Dog(s) _____ Cat(s) _____ Children (include ages) _____ Small pets (include type) _____

If not lived with, has the cat been exposed to any of the following?: Dog(s) _____ Cat(s) _____ Children (include ages) _____ Small pets (include type) _____

Is the cat good with any of the following?: Dog(s) _____ Cat(s) _____ Children (include ages) _____ Small pets (include type) _____

Is the cat NOT good with any of the following? (Check off option and EXPLAIN): Dog(s) ___ Cat(s) ___ Children (include ages) _____ Small pets (include type) _____

Explain: _____

Does the cat have any behavioral issues (If yes, explain): _____

Is the cat fearful of anything? (If yes, explain): _____

How is the cat in new situations?: _____

Has the cat ever bitten any animal? (If yes, explain): _____

Has the cat ever bitten any person? (If yes, explain): _____

What activities does your cat enjoy? (Explain): _____

Does your cat scratch furniture? (If yes, how do you try to stop this?): Yes ___ No ___

Explain: _____

What words would you use to describe your cat? (Check off option(s): Affectionate ___
Outgoing ___ Shy ___ Anxious ___ Energetic ___ Fearful ___

Is your cat declawed?: Yes ___ No ___

Health Information

Veterinarian's Office: _____

Address: _____ Number: _____

When was your last vet visit?: _____

Is your cat up to date on vaccines?: Yes ___ No ___

Does your cat have its rabies vaccine?: Yes ___ No ___

Does your cat have any health issues?(If yes, explain): Yes ___ No ___

Explain: _____

Name: _____ Signature: _____ Date: _____