

Cat Surrender Agreement and Background Information

Please take the time to fill out this form accurately, honestly and with as much detail as possible. This information helps the Universal City Animal Care & Control Facility match your cat with a potential adopter.

| Dat | e:Cats Name: _ | | Age: | | |
|-----|--|-----------------|-----------------------------------|--|--|
| Bre | ed: | _Description: _ | | | |
| Sex | : Male / Female Neutered: | Yes / No | If Yes, At What Age: | | |
| Dat | e of Birth (If Known): | | Current on Vaccinations: Yes / No | | |
| | , | | City of UC License Tag No: | | |
| | | | , | | |
| 1. | Reason for Surrender: | | | | |
| | | | | | |
| | | | | | |
| 2. | How long have you owned this cat? | | | | |
| 2 | Has the cat been declawed? | | | | |
| ٥٠ | ias the cat been declawed. | | | | |
| | Where did you get this cat? Universal City Animal Care & Contro Found OBreeder Other Shelter Friend/Relative Had since birth Other: | , , | | | |
| 5. | . What was the cat's approximate age when you got it? | | | | |
| | How would you describe this cat's behoof Friendly/Playful Good Gentle Good Too active for small children Good Aggressive Good Never been with children Good Other: | | hildren? (Check all that apply): | | |

| 7. | List other animals that have lived with this cat: | | |
|-----|--|--|--|
| , - | | | |
| | | | |
| 8. | Please describe the cat's behavior around other cats: (Check all that apply) o Friendly / Playful | | |
| | o Ignores | | |
| | o Aggressive | | |
| | o Never been around other cats | | |
| | o Other: | | |
| 9. | Please describe the cat's behavior around dogs. (Check all that apply): o Friendly / Playful | | |
| | o Ignores | | |
| | o Aggressive | | |
| | o Never been around other dogs | | |
| | o Other: | | |
| 10. | Is this cat litter trained? Yes / No If no, how does the cat let you know when it needs to go out? _ | | |
| | To your knowledge has the cat ever sprayed inside your home? Yes / No | | |
| 12. | Does the cat use a scratching post? Yes / No | | |
| 13. | Does the cat scratch your furniture? Yes / No | | |
| 14. | Would you say the cat spends more time: | | |
| | o Indoors | | |
| | o Outdoors | | |
| 15. | Is your yard fenced? Yes / No | | |
| 16. | If yes, how high is your fence? | | |
| | o 4 ft. | | |
| | o 6 ft. | | |
| | o Other: | | |
| 17. | What is the fence made of? (Check one): | | |
| | o Chain Link | | |
| | o Wooden/Privacy | | |
| | o Other | | |
| 18. | Does the cat stay confined to your yard when you are not present? Yes / No | | |
| 19. | Does the cat like riding in cars? Yes / No | | |

| 20. | Is the cat frightened of anything? (Check all that apply): Cars/trucks Children Lightning/thunder Vacuums Hair dryers Other: |
|-----|--|
| 21. | How does the cat behave during brushing, bathing, or clipping nails? (Check all that apply): o Scared o Aggressive o Calm / relaxed o Other: |
| 22. | Does the cat have any skin problems? Yes / No (If yes, explain) |
| 23. | Does the cat have any medical needs? Yes / No (If yes, explain) |
| 24. | Does the cat have any special dietary needs? Yes / No (If yes, explain) |
| 25. | Has the cat ever been hit by a car, injured, or required surgery? Yes or No or Not sure If yes explain |
| 26. | Does the cat have: Tattoo Microchip None Not sure |
| 27. | Did you bring in all vet records? Yes / No |
| 28. | Which vet have you previously used? |
| | Has the cat been on any kind of heartworm or flea/tick prevention? Yes / No If yes, what kind and when was it last given? |

| inform | nation. | | | | |
|-------------------------|---|---|--|--|--|
| 0 | Date of bite or scratch: | | | | |
| 0 | Did bite or scratch break the skin? Yes or No Name of person bitten or scratched: | | | | |
| 0 | | | | | |
| 0 | In what City did bite or scratch occur: | | | | |
| 0 | Was animal control involved? Yes or No If yes, explain d | etails of bite or scratch? | | | |
| | | | | | |
| 31. I herel | by certify that the above described cat has NOT bitten or scrat | ched any person in the last ten (10) | | | |
| days. | Initial | | | | |
| | Thank you for the taking the time to answer this questionnaire | thoroughly and honestly. | | | |
| Owner's N | Name: | | | | |
| Driver's Li | cense No: | | | | |
| Address: | | | | | |
| City: | State: | Zip: | | | |
| Day Phon | e:Evening Phone: | | | | |
| described Control (A | certify that the above information is correct, that I am the animal and have the authority to surrender the animal to ACC) and hereby authorize release of any veterinary records reformation on the disposition or | the Universal City Animal Care & egarding the animal and relinquish | | | |

I understand that the ACC cannot guarantee the adoption of any animal; the animal may be adopted,

transferred or euthanized at any time due to illness, disposition or space restrictions.

30. Has the cat <u>ever</u> bitten or scratched a person? Yes or No

Surrender Administration Policy Approved by City Council, January 5, 2010

If yes, provide the following

| I further acknowledge that the animal will not be returned to me except under normal adoption condi- and agree to reimburse the ACC for its expense for caring for the animal and any expenses associated preparing and holding the animal for adoption, I understand these fees may exceed the normal adoption. fee. | | | | |
|--|------|--|--|--|
| Signature | Date | | | |
| Received by | Date | | | |
| | | | | |