Cat Surrender Application
Young-Williams Animal Center

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
☐Young-Williams ☐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? ☐Knoxville Pet Lovers Facebook Group ☐Personal Facebook page
☐Craigslist ☐Adopt-A-Pet ☐Rehoming Pets in Knoxville Facebook Group
☐Knoxville Animal Lovers ☐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 3 words: _______________________________________________________________________

Describe the ideal home for your cat: __________________________________________________________________

_________________________________________________________________________________________________

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

_________________________________________________________________________________________________

Please return this completed form to:
Young-Williams Animal Center
Pet Resource Center

E-mail to: pethelp@young-williams.org

text a photo of the form to: (865)363-6702
Fax: (865)215-6667