

Date: \_\_\_\_\_

(Staff) Shelterluv Animal ID# \_\_\_\_\_

**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](mailto:pethelp@young-williams.org)

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