

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

(Staff) 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  Crate  Cat 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

**For outside cats, is your cat confined to your property (i.e. Fence, runner, etc)?**  Yes  No  Sometimes

**If so, how?** \_\_\_\_\_

**Are there any types of confinement to your knowledge that don't work/your cat escapes from?**

\_\_\_\_\_

**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? \_\_\_\_\_

Is your cat littertrained?  Yes  No  Yes but needs some work

Please check all that apply to your cat:  Loves kids  Needs lots of exercise  Afraid of loud noises

Needs work on behavior issues  Barn Cat/ Working Cat  Loves toys  Declawed

Has been Indoors only  Destroys furniture or household items  Bonded (bonded to:\_\_\_\_\_)

Shy  Good with Dogs  Good with other cats  Needs to be only animal in home

Does your cat have any medical issues?  No  Yes (describe)\_\_\_\_\_

Name of Veterinary Clinic: \_\_\_\_\_

Is your cat current on vaccines?  Yes  No  Unsure

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)