



Marion County Board of County Commissioners

Animal Services

5701 SE 66th St.
Ocala, FL 34480
Phone: 352-671-8727
Fax: 352-671-8717

Office Use Only:
Person ID: _____
Animal ID: _____
Scanned: _____

CAT SURRENDER QUESTIONNAIRE

Please be advised, completing this application does not guarantee acceptance by Marion County Animal Services.

OWNER INFORMATION				
Last Name:		First Name:		Date:
Address:			City:	State: Zip:
Phone#:	Alt. Phone#:		DOB:	
DL#:	Email:			
Are you the legal owner of the cat?		<input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you owned your cat?	
ANIMAL INFORMATION				
Cat's Name:			Age:	
Cat's Breed:		Cat's Gender:	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cat's Color:			Approximate Weight:	
Is your cat microchipped?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If so what is the microchip number?	
Has your cat bitten anyone in the last 10 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when?	
HISTORY				
Where did you get your cat?				
Have you ever surrendered a pet to us before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for surrendering your cat:				
What have you done to fix the issue?				

Empowering Marion for Success

www.marioncountyfl.org

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MEDICAL

Which veterinarian office do you use?

Is your cat current with vaccines? Yes No

Is your cat currently on any medications or special food? Yes No

Is your cat on flea and tick prevention? Yes No

Is your cat on heartworm prevention? Yes No

Does your cat have any current or past medical issues? If yes, please explain: Yes No

BEHAVIOR

How does your cat **usually** behave towards the following? *Please check boxes for all that apply.*

	Never Encounter	Friendly	Afraid	Shows Teeth or Growls	Snaps	Bites	Other (Explain)
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Familiar people

Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Unfamiliar people

Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Animals your cat knows

Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Unfamiliar Animals

Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Where does your cat spend most of its time during the day?

Where does your cat spend most of its time at night?

Is your cat litterbox trained? Yes No

If your cat is **not** fully house-trained, *Please explain:*

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BEHAVIOR (continued)

Does your cat have problems riding in the car? Yes No

Where is your cat kept when he/she is left alone?

What type of food does your cat eat?

What does your cat dislike or fear?

What kind of toys does your cat like?

What kind of treats does your cat like?

What type of bedding does your cat like?

Is there anything else a future owner should know about your cat?

OWNER ACKNOWLEDGMENT

"I" hereby declare that I am, or am acting on behalf of, the legal and rightful owner of the animal(s) described above, and hereby affirm, acknowledge, warrant and represent that all information contained in this profile is true and correct to the best of my knowledge and belief.

Owner's Signature: _____

Date: _____

-STAFF USE ONLY-

Impound Number:

Animal ID:

Person ID:

Staff Signature: _____

Date: _____

NOTES