



# NRAS

Northern Rivers Animal Services Inc.  
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www.nras.org.au

ABN: 16 055 396 731  
CFN: 17290  
Authorised Re-homing Number: R251000060

## CAT SURRENDER QUESTIONNAIRE

DATE: \_\_\_\_\_

OWNER'S DETAILS	
First Name:	Surname:
Home Phone:	
Address:	Post Code:
Email:	

CAT'S DETAILS			
Cat's Name:	Age:	DOB:	Breed:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Microchipped: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Microchip Number:		
If microchipped is the cat registered to the current owner: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
Is the cat registered with your local council: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
Last vaccination date:	What was the vaccination for?		
Where did you get your cat?			
Did you pay for your cat? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your cat registered with council <input type="checkbox"/> Yes <input type="checkbox"/> No			
How old was the cat when you acquired him/her?			
Please explain why you are surrendering your cat:			

LIFESTYLE AND HOME LIFE			
Is your cat allowed inside?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Sometimes
Is your cat allowed outside?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Sometimes
Where does your cat prefer to spend most of its time? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors			
When no one is home where is your cat kept?			
Where does your cat sleep at night?			
How much time does your cat spend on his/her own?			
Does the cat like to keep you company when you are home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes			
Does your cat use a litter tray? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes			
If no, where does your cat toilet? <input type="checkbox"/> Goes outside <input type="checkbox"/> Other please explain			
Does your cat spray? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when?			
Do you have any other cats? <input type="checkbox"/> Yes <input type="checkbox"/> No Dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No Any other pets?			
How does your cat interact with these other pets?			
Does your cat have any problem behaviours? (i.e. scratching) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain			



How many adults and children live at home with the cat?
What are the children's ages?
Is your cat social with adults? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what do they do?
Is your cat social with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what do they do?
Is your cat social with strangers? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what do they do?

BEHAVIOUR AND TEMPERAMENT				
How active is your cat?	<input type="checkbox"/> Very	<input type="checkbox"/> Moderately	<input type="checkbox"/> Not very	<input type="checkbox"/> Unsure
How playful is your cat?	<input type="checkbox"/> Very	<input type="checkbox"/> Moderately	<input type="checkbox"/> Not very	<input type="checkbox"/> Unsure
How affectionate is your cat?	<input type="checkbox"/> Very	<input type="checkbox"/> Moderately	<input type="checkbox"/> Not very	<input type="checkbox"/> Unsure
Does your cat enjoy being picked up handled?	<input type="checkbox"/> A lot	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Has your cat ever scratched anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes please explain				
Has your cat ever bitten anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has your cat ever been in a fight with another cat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

FOOD
What do you feed your cat?
How many times a day is your cat fed?
Is your cat comfortable with people and animals being around when he/she is fed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what does the cat do in this situation?
HEALTH
Has your cat ever had any vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unsure
If yes, when?
What is the name of your current vet?
What are the contact details for the current vet?
When and why was the last time you took your cat to the vet?
Does your cat have any medical conditions/history that you are aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain
Is your cat currently on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain
OTHER INFORMATION
Please tell us anything else about this cat that you think future adopters would like to know

**Please note that NRAS requests a surrender fee per animal. If your animal is older than 6mths and not registered, the surrender fee will also include the registration fee needed. Any additional health checks required will also be added to the surrender fee.**

**Please attach any copy of vaccinations/medical reports with this form.**

**If it is found that any of the above information you have supplied is incorrect NRAS reserve the right to pursue any monetary cost from you that arise from any incident/s**

**Owner's Signature:** \_\_\_\_\_

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

NRAS OFFICE DETAILS ONLY	
Animal ID	
Desexing certificate provided YES / NO	Vaccination certificate provided? YES / NO

