

MATANUSKA-SUSITNA BOROUGH Department of Administration Division of Animal Care & Regulation 9470 E. Chanlyut Cir. • Palmer, AK 99645 Phone (907) 746-5500 • Fax (907) 746-6683 https://animalcare.matsugov.us

Kennel #: _____

Owner Surrender Cat Agreement

Name:	OFFICE USE ONLY
Phone: ()	Date/Time In:
Physical Address:	In By Staff Initials:
•	Animal ID:
	Method In:
Mailing Address:	Picture Vaccines Weight
	Sex: M / F / NM / SF Vet Record: Y / N
Driver's License #:	
Date of Birth://////	Notes:
Email Address:	
Was this animal found in the City Limits of:Wasilla	Houston Palmer Mat-Su Borough
What is the reason you need to surrender this cat?	
How long have you owned this cat?	
I certify that I DO own the animal described below and	d hereby surrender all my interest, if any, therein to the
Matanuska-Susitna Borough	
I certify to the best of my knowledge that the animal I	HAS bitten or attacked an animal or human.
Please explain:	
I certify to the best of my knowledge that the animal	HAS NOT bitten or attacked an animal or human.
	nformation
	Breed (if known)
	Age:
Microchip #:	Other Descriptors:

It is expressly understood that the Matanuska-Susitna Borough, including officers, employees, agents and contractors will not incur any obligation whatsoever to me on account such disposition of said animal.

Signature: _____

Date: _____

Printed Name: _____



Matsu Animal Shelter Cat Profile

An	imal	ID

Cat's Name: A	ge:	Sex:
LITTERBOX	HISTORY	
Challenges surrounding litter box usage are one of the Please help us by giving as much detailed and accure your an	te information as possib	
Does your cat have 24 hour access to a litter box in t	he home? Yes	No
If no, did your cat use the bathroom outdoors	? Yes No	
Is the litterbox: Covered Uncovered		
Is the cat picky about litter type or box location? Ye	s No If so, describ	oe
Does the cat ever have accidents in the home? Yes	No	
If yes, please describe the accidents (check al	that apply)	
-Urinates outside the box	-Urinates on clothing	g/furniture
-Defecates outside the box	-Sprays on walls/furniture	
-Other:		
How often was the litterbox scooped? Everyday	Every few days	Weekly
Where was the litterbox kept?	,	
If you have other cats, how many shared a litter box	?	
If litterbox accidents were an issue, when did they b	egin?	
If litterbox accidents were an issue please list any ev inappropriate litterbox use (moving, new baby, new	-	fluenced or triggered
If litterbox accidents were an issue, please describe this problem	he measures you have:	taken, if any, to correct
Has your cat been to the veterinarian to rule out info	ection or underlying hea	alth issues? Yes No

If yes, what was the outcome and where would we obtain medical records?

Has this cat ever had surgery? Yes	No Unknown
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If yes, please explain: ______

How does your cat behave during visits to the vet? _____

Is there anything else we should know about your cat's medical history?

HOUSEHOLD HISTORY

Was this cat allowed outdoors?	Yes	No

If yes, did you have him or her on a harness or leash or in a catio while outside? Yes No

How did your cat usually interact with the following in your home?

	Cats				
	Dogs				
	Children				
	Unfamiliar people				
Does th	ne cat do any of the following? Check all that apply				
	-jump on counters	-scratch furniture	-chew plants		
	-scratches doors/cabine	ts -chew personal	items		
	-digs in garbage	-vocalizes too much	-climb curtains		
	-other				
How die	low did you attempt to correct the problems?				
How we	ould you describe this cat's usual behavior? Check all that apply				
	Friendly to family	Very active	A clown	Couch potato	
	Friendly to visitors	Playful	Aloof	Withdrawn	
	Shy to family	Affectionate	Very Hyper	Talkative	
	Shy to visitors	Quiet	Lap Cat	Playful	
	More like a dog	Fearful	Fearless	Solitary	

	p,		scratch, or exil	ibit behaviors yo	u would consider rough?
	Yes No	lf yes, please ex	plain		
Nhere	e does this cat lil	ke to sleep?			
	On furniture In hi		ier bed	With a person	Under furniture
	Anywhere sun	ny/warm	No preference	e Other:	
Does y	our cat enjoy a	ny of the followi	ng? Check all th	nat apply	
	Car rides	Bathing	Brushing	Toy mice	Toys that make noise
	Being carried	String t	oys Other	:	
	•	ful, special traits	or habits that	you would like hi	s or her new family to knov
JUOUE					
about					