



Animal Relinquishment Form

Animal Information:

Name: _____ Approx age/birthdate if known: _____ Sex: M F
 Altered? Y N Unknown Description/Breed: _____ Markings: _____
 Declawed? Y N
Rescued: address where found: _____
 Date found: _____ Name of person who found cat: _____ Contact #: _____
Adopted: From where: _____ Date adopted: _____
 Microchipped #: _____ Tag #: _____ Tattoo: _____
 Vaccinations date given: Rabies: _____ FVRCP: _____ FeLV: _____
Veterinarian: _____ City: _____ Phone: _____
 Medical conditions: _____
 Special needs: _____
 Current diet: _____
 Is this cat feral/wild (please circle) ? Y N Has cat ever bitten anyone? Y N If YES, please explain: _____

Personality/Habits:

How long has the cat lived with you or the owner? _____
 Cat is comfortable with/likes (mark all that apply): Women _____ Men _____ Children _____
 Is your home (mark all that apply)
 Active (lots of comings and goings) _____ Noisy _____ Calm _____ Quiet (people are usually away/at work) _____
 _____ Young Children (under 8 yrs old) _____ Older Children (over 8 yrs old) _____ Seniors
 Cat is:
 _____ Friendly _____ Playful - specific toys? _____
 _____ Likes to be petted _____ Mellow/Tolerant
 _____ Lap Cat _____ Fearful/Afraid: of what? _____
 _____ Vocal _____ Likes visitors _____ Dislikes visitors
 _____ Shy/timid _____ Litterbox-trained? Preferred type of litter: _____ _____ Dominant _____ Hunts
 _____ Indoor only _____ Outdoor only _____ Indoor/Outdoor
 Why & when allowed outdoors? _____
 _____ Likes other animals: Y N Gets along with: _____ Dogs _____ Cats _____ Other: _____
 Reason for not liking other animals: _____
 Approximately how many hours per day did your cat spend alone? _____

Relinquisher:

Name: _____ Telephone: _____ Cell: _____
 Address: _____ Email: _____
 Is this your cat (please circle)? Y N If NO, has the owner given you permission to relinquish the cat? Y N
 If NO: why not? _____
 Owner's name (if different from relinquisher): _____
 Phone: _____ Owner's address: _____
 Reason for relinquishment: _____
 Can you foster this animal? Y N For how long? _____
 Donation amount of \$ _____ () One-time () Monthly - to help offset costs for cat's expenses

Print name _____ **Signed** _____ **Date:** _____

Staff signature: _____ **Date:** _____
 () Donation Amount: _____ cash CC check # _____ Date POS entries completed _____
 Conditional acceptance form on file? _____ YES _____ NO (If NO, why not?) _____
 () Intake exam performed by (initials): _____ Cat in good health? _____
 Cat needs medical attention: _____