



# Cat Surrender Form

Intake # \_\_\_\_\_

Date \_\_\_\_\_

Cat  
Infor  
matio

## Owner Information

Primary Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ Exp Date \_\_\_\_\_

Are you age 18 or older? Yes No      Are you age 65+? Yes No

n

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Color: \_\_\_\_\_ Breed/Mix: \_\_\_\_\_

Micro-chipped: \_\_\_\_\_ Mfg/# \_\_\_\_\_

How long has the cat been in your care? \_\_\_\_\_ Are you the original owner? \_\_\_\_\_

Reason for surrender: \_\_\_\_\_

	Yes / No	Date	Description
Rabies			Tag #
FVRCP			
FeLV			
FeLV/FIV combo test			Positive / Negative
Heartworm Preventative			
Flea/Tick Preventative			
Spay/Neutered			

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Visit: \_\_\_\_\_ Other Medical History: \_\_\_\_\_

Has the cat scratched or bitten a person in the last ten (10) Days? \_\_\_\_\_

If yes, who: \_\_\_\_\_ Date: \_\_\_\_\_ City: \_\_\_\_\_

Were the authorities involved? \_\_\_\_\_ Details \_\_\_\_\_

Has the cat ever:  Bitten  Scratched  Lunged  Attached  None

Explain: \_\_\_\_\_

Has the cat lived with children? Yes No

If yes, what ages \_\_\_\_\_

Has the cat lived with other cats? Yes No

If yes, describe other cats: \_\_\_\_\_

Has the cat lived with dogs?  Yes  No

Has the cat ever killed a farm, wild or domestic animal? Yes No

If yes, describe \_\_\_\_\_

**Check all of the following that describe the cat:** Very Active Couch Potato

Scratches Quiet Playful Friendly Shy

Fence Jumper \_\_\_ft Affectionate Fearful Likes to be touched

Independent Protective Indoor cat Outdoor cat

Nervous Litter box trained Crate trained Dislikes Men

Dislikes women Separation anxiety Fear of Thunder Likes car rides

Is the cat Declawed?  Yes  No

Where is the cat kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

What are the cats' favorite activities? \_\_\_\_\_

What type of food do you feed the cat? \_\_\_\_\_

Describe anything else a future owner should know about this cat: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My signature below certifies that I am the owner of, or have the authority to surrender the above named animal to the Humane Society of Jackson County (HSJC). I hereby relinquish all rights of ownership and any right to information on the disposition of the above named animal. I am also aware the animal may be humanely euthanized if behavioral and/or medical problems render this animal unsuitable for adoption. I have disclosed all information about the animal concerning health, behavior, history and anything else that may affect the safe placement of the animal in a new home. I attest that all statements made above are true and correct.

\_\_\_\_\_ Signature of Owner \_\_\_\_\_ Date

Vet Records Received

\_\_\_\_\_ HSJC Representative  Rabies Certificate Received

Copy of Driver's License Received