CAT OWNER SURRENDER

HSOP # \_\_\_\_\_\_

PET INFORMATION

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_\_\_

Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please give a brief description of the animal’s medical history and if you can, a vet copy would suffice:

Is your cat spayed/neutered?\_\_\_\_\_\_\_\_\_\_\_\_ Current on vaccinations?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your cat have any Medical problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time your cat saw a veterinarian?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. Please elaborate on the reason you wish to relinquish your pet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 3. Please list where you acquired your pet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. How would you describe your cat most of the time? (check all that apply)

Very active \_\_\_\_\_\_\_ Friendly to family \_\_\_ Friendly to visitors \_\_\_\_ Aloof\_\_\_\_\_

Couch potato \_\_\_\_\_ Shy to family \_\_\_\_ Shy to visitors \_\_\_\_ Fearful\_\_\_\_\_\_

Talkative \_\_\_\_\_ Affectionate \_\_\_\_ Independent \_\_\_\_

Quiet \_\_\_\_\_ Lap cat \_\_\_\_ Playful \_\_\_\_\_

 5. How does your cat like to play? (check all that apply)

Plays gently, does not usually use teeth or claws \_\_\_\_ Likes to play rough, may bite or scratch \_\_\_\_

Likes to chase & pounce with a variety of toys \_\_\_\_Likes things that crackle, such as paper bags\_\_\_

Not much interest in play \_\_\_\_ Likes to play with other cats \_\_\_\_ Likes to play with dogs \_\_\_\_

 6. What areas of your home did the cat have access to? (check all that apply)

Indoors only\_\_\_\_\_\_ Outdoors only\_\_\_\_\_\_ Indoors at night\_\_\_\_\_\_ Garage or basement\_\_\_\_\_\_\_

Indoors with access to outside\_\_\_\_\_\_\_\_ In barn or shed \_\_\_\_\_\_Screened porch\_\_\_\_\_\_\_

Indoors in cold weather Outdoors in warm weather\_\_\_

 7. Where did your cat spend most of his or her time?(check all that apply)

Bedroom\_\_\_\_\_ Kitchen\_\_\_\_\_\_\_\_ Living Room\_\_\_\_\_\_\_\_ Outdoors only\_\_\_\_\_

Garage or basement\_\_\_\_\_\_\_ Barn or shed\_\_\_\_\_\_\_ Where people are\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 8. If this cat has lived with other cats, how did he/she interact? (check all that apply)

Adored each other\_\_\_\_\_\_\_\_ Played together\_\_\_\_\_\_\_\_ Groomed each other\_\_\_\_\_\_\_\_\_\_

Slept near each other\_\_\_\_\_ Sniffed noses \_\_\_\_\_\_\_ Peacefully coexisted\_\_\_\_\_\_\_\_\_\_

Ignored each other\_\_\_\_\_\_\_ Fought without injuries\_\_\_\_\_\_ Fought with injuries\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 9. If this cat lived with dogs, how did they interact? (check all that apply)

Adored each other\_\_\_\_\_\_ Slept near each other\_\_\_\_\_\_ Avoided each other\_\_\_\_\_\_

Groomed each other\_\_\_\_\_\_\_ Cat rubbed on the dog\_\_\_\_\_ Played with each other\_\_\_\_\_\_

Peacefully coexisted\_\_\_\_\_\_\_ Fought without injuries\_\_\_\_\_ Fought with injuries\_\_\_\_\_\_\_\_

Dog chased cat\_\_\_\_\_\_\_ Cat tormented dog\_\_\_\_\_\_\_ Cat feared dog\_\_\_\_\_\_

 10. Has the cat regularly been around children? Yes\_\_\_\_ No\_\_\_\_\_ Not sure\_\_\_\_\_\_

If yes, indicate what ages: 0-2 yrs. 2-5 yrs. 6-10 yrs. 11-18 yrs.

If this cat lived with children under the age of 5, how did they interact? (check all that apply)

Cat actively avoided child\_\_\_\_\_ Child could pet the cat\_\_\_\_\_ Cat & child played together\_\_\_\_\_

Cat hissed or growled at child\_\_\_\_\_ Ignored each other\_\_\_\_\_

 11. What is the cat’s favorite brand of food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Does your cat eat? Dry only\_\_\_\_\_ Canned only\_\_\_\_\_\_ Combination of dry & canned\_\_\_\_\_

 People food \_\_\_\_\_\_What type of treats does your cat enjoy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Is food always available or is the cat used to designated mealtimes?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12. What type(s) of litter was used? Unscented\_\_\_ Scented Clumping\_\_\_ Non-Clumping\_\_\_

 Crystals\_\_\_ Clay\_\_\_ Pine\_\_\_ Yesterday’s News\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 13. What type of litter box was used? Covered\_\_\_\_\_ Open\_\_\_\_\_\_ Top entry\_\_\_\_\_\_ Automatic\_\_\_\_\_\_

 14. Please tell us any other information that may help us in placing this animal in a proper home.

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# STATEMENT OF SURRENDER/TRANSFER OF OWNERSHIP

I surrender to the Humane Society of the Palouse, Inc., and unconditionally relinquish all rights of ownership and interests in the animal(s) described above, which I own, or of which I have custody. I understand this (these) animal(s) may be placed into a new home at the discretion of the Humane Society of the Palouse, Inc., without recourse in my part. Furthermore, I understand that if I seek to relocate this (these) animal(s), I may have to go through the regular adoption procedures. **I agree to pay the surrender fee as set forth by the Humane Society of the Palouse. ($35 a cat)** By signing this form you are guaranteeing that this animal has shown no aggressive behavior towards humans.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_