



Owner Surrender Form - CATS

DATE:	ANIMAL ID:	ANIMAL NAME:
SEX:	SPAYED/NEUTERED: <input type="checkbox"/> Yes <input type="checkbox"/> No	AGE:

OWNER NAME:	
OWNER ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	

REASON FOR SURRENDERING THIS PET:
HAS THIS CAT BITTEN ANYONE AND BROKEN SKIN IN THE PAST 10 DAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No
VETERINARY CLINIC WHO LAST SAW THIS CAT:
DATE LAST SEEN BY VETERINARIAN:
LIST ANY HEALTH CONCERNS:
LIST ANY BEHAVIOR CONCERNS:
DOES THIS CAT USE THE LITTER BOX 100% OF THE TIME? IF NOT, PROVIDE DETAILS. <input type="checkbox"/> Yes <input type="checkbox"/> No
IF THIS CAT CAME FROM APA!, HAVE YOU CONTACTED THE CAT BEHAVIOR TEAM FOR HELP? <input type="checkbox"/> Yes <input type="checkbox"/> No

BRAND OF FOOD FED NOW:		
EXPERIENCE WITH DOGS:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Enjoys <input type="checkbox"/> Tolerates <input type="checkbox"/> Hates
EXPERIENCE WITH CHILDREN:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Enjoys <input type="checkbox"/> Tolerates <input type="checkbox"/> Hates
EXPERIENCE WITH OTHER CATS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Enjoys <input type="checkbox"/> Tolerates <input type="checkbox"/> Hates
EXPERIENCE BEING OUTDOORS:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Enjoys <input type="checkbox"/> Tolerates <input type="checkbox"/> Hates

LIST THREE WORDS THAT DESCRIBE THIS CAT'S PERSONALITY:			
LIST THREE THINGS THIS CAT LOVES:			
LIST THREE THINGS THIS CAT DISLIKES:			

ACTIVITY LEVEL:	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
AFFECTION LEVEL:	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
IS THIS CAT DECLAWED?	<input type="checkbox"/> Yes (<input type="checkbox"/> Front <input type="checkbox"/> Rear) <input type="checkbox"/> No

Surrender Agreement: I certify that I am the owner of or have the authority to surrender the animal described to Austin Pets Alive (APA) herein. I hereby relinquish all rights of ownership and any right to information on the disposition of this animal. I also authorize the release of any veterinary records. I certify that to the best of my knowledge I have truthfully disclosed all requested information concerning health, behavior, history, or anything else that may affect the safe placement of the animal in a new home. If I reclaim this animal from APA after the surrender date, I agree to reimburse APA for its expense of caring for the animal and any expenses associated with preparing and holding the animal for adoption.

OWNER SIGNATURE:	
DATE:	
APA! REPRESENTATIVE:	
DATE:	