



Cat Relinquishment Application



YOUR NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CELL/HOME PHONE: _____

EMAIL: _____

1. ARE YOU THE OWNER OF THIS CAT? YES NO How LONG HAVE YOU OWNED THIS CAT? _____
2. WHY ARE YOU NO LONGER ABLE TO KEEP YOUR CAT?
- _____

ABOUT YOUR CAT

3. NAME? _____ 4. BREED? _____
5. COLOR? _____ 6. HOW OLD IS YOUR CAT? _____
7. GENDER? MALE FEMALE 8. SPAYED/NEUTERED? YES NO

9. ABOUT YOUR CAT'S TEMPERAMENT

- HAS YOUR CAT EVER BITTEN OR ATTEMPTED TO BITE A PERSON? YES NO
- USES THE LITTER BOX? ALL THE TIME MOST OF THE TIME SOMETIMES NEVER
- DOES YOUR CAT GET ALONG WITH CHILDREN? YES NO AGES OF THE CHILDREN? _____
- DOES YOUR CAT GET ALONG WITH OTHER CATS? YES NO DOGS? YES NO
- PLEASE DESCRIBE YOUR CAT'S BEHAVIOR (CHECK ALL THAT APPLY)
- HIDES SHY LIKES LAPS AND CUDDLES FRIENDLY AND AFFECTIONATE OUTGOING AND SOCIAL
- BITES OR SCRATCHES ENJOYS GROOMING USES SCRATCHING POST OVER STIMULATES EASILY
- IS YOUR CAT: AN INSIDE CAT OUTDOOR CAT INDOOR & OUTDOOR
- YOUR CAT WANTS ATTENTION: ALL THE TIME ON HIS OR HER OWN TERMS
- YOUR CAT LIKES TO PLAY: A LOT SOME A LITTLE NEVER
- YOUR CAT IS COMFORTABLE WITH: (PLEASE CHECK ALL THAT APPLY):
- BEING HELD SITTING ON LAPS BEING CARRIED PETTING BRUSHING

HOW IS THE CAT IN THE CAR? RELAXED NERVOUS MEOWS/CRIES GETS CAR-SICK OTHER? _____

IN THE CAR, IS THE CAT LOOSE CRATED OTHER? _____

OTHER COMMENTS ABOUT YOUR CAT:

10. ABOUT YOUR CAT'S HEALTH

WHO IS THE VETERINARIAN FOR THIS CAT: DR. _____ PHONE: _____

HAS YOUR CAT SEEN A VET IN THE LAST 12 MONTHS? YES NO

DOES THIS CAT HAVE ANY MEDICAL ISSUES WE SHOULD BE AWARE OF, IF SO PLEASE BRIEFLY DESCRIBE?

FOOD: WHAT ARE YOU FEEDING? _____ HOW MUCH? _____ HOW OFTEN? _____

11. YOUR RECOMMENDATIONS FOR THE NEW OWNER

THIS CAT WOULD BE BEST IN WHAT KIND OF HOME? _____

WHAT ADVICE WOULD YOU GIVE TO YOUR CAT'S NEW OWNER: _____

MAY THE NEW OWNER CONTACT YOU BY PHONE? YES NO

**>>>>PLEASE READ & SIGN<<<<
RELINQUISHMENT APPLICATION AND POLICIES**

- I certify that I am the owner of this Cat
- I want to relinquish this animal to the San Clemente – Dana Point Animal Shelter. I understand that, after this cat has been in custody of the San Clemente-Dana Point Animal shelter for 30 days, I can no longer voluntarily claim the cat back into my possession.
- I understand that if the shelter personnel deem this cat un-adoptable for any reason and at any time, I will be required to retrieve this cat within 72 hours of notification from the shelter. I further understand that, if I do not retrieve this cat within the required period, **this cat may be euthanized.**
- I understand that the **fee to accept an owner-relinquished cat is \$100 and is non-refundable.**

- To the best of my knowledge, the information I provided on this form is **accurate**.*
- I understand that submission of this form does not guarantee that I will be able to relinquish this cat.*
- To the best of my knowledge this cat is under 10 years of age and free of medical or behavioral issues.*

ANIMAL OWNER'S SIGNATURE: _____ DATE: _____