



Feline Surrender Request

Date: ____/____/____

Owner Name: (L)_____, (F)_____, (MI)_____

Home #: (____)_____ Cell #:(____)_____ Work (____)_____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Email: _____

Best way to contact you: _____

Cat's Name: _____ Age: _____ Sex: Male Female Neutered/Spayed: Yes No

Breed: _____ Mixed Breed: Yes No Color: _____

Markings: _____

Reason for Surrender: _____

How long have you had this cat? _____ Do you have proof of vaccinations? Yes No

Current Veterinarian Name/ Phone Number: _____

Medications (if any): _____ When is medicine given? _____

Other Special Needs: _____

Any issues with litter training? Describe: _____

Cat's Eating/Food Habits: _____ Current Food: _____

Cat's Sleeping Habits/Location: _____

Cat's Favorite Toy(s): _____ Cat's Favorite Treat(s): _____

Cat is well behaved with (circle all that apply): Children Dogs Male Cats Female Cats Other: _____

Cat is aggressive towards (circle all that apply): Children Dogs Male Cats Female Cats Food Aggression

Feline Surrender Request

Other bad/aggressive habits or concerns: _____

Any health issues? _____

Other important information: _____

By signing below, I attest that I am the legal owner of this feline. I understand and agree that submitting this form does not obligate the Stafford SPCA to take ownership or responsibility for this feline.

If the Stafford SPCA is able to accept the surrender of this feline, I understand I will be relinquishing all rights of ownership. I also understand that, upon relinquishment, I may place no demands upon either the adopter or the Stafford SPCA to maintain contact with this feline, or request information about the new owner(s).

I understand that there will be a surrender and listing fee in order for the Stafford SPCA to take ownership of this feline, charged to me, at the discretion of the Stafford SPCA. In addition to a surrender fee, there will also be a continuing care fee charged to me, equal to three months of food, necessary testing, and possibly an additional fee in order to bring the feline up to date on deficient veterinary care upon surrender. The surrender and continuing care fees will be non-refundable.

I attest that all information included in this form is truthful, accurate, and complete.

SIGNATURE _____

DATE _____

Staff Member: _____ Title: _____ Received date: _____

***Submission of this form via email, fax or other means of transmission does not obligate The Stafford SPCA to take responsibility for this pet.*