



Cat Surrender Form

This form is a legal document that transfers ownership of the admitted animal to Wanderers' Rest Humane Association, Inc. from the individual signing this form. We reserve the right to decide the length of stay and the disposition of the animal. We request any medical records you might have for this animal be submitted. A copy of your pet's record will be provided to you upon written request for a \$75.00 fee. While we do not euthanize for space, euthanasia may occur due to severe illness that is affecting quality of life. We have the right to transfer this animal to another facility/organization if we see fit.

What if I change my mind or my situation changes and want my pet back?

Please contact our office during business hours to discuss the options that may be available. Please note that if your pet needs to be spayed/neutered or has had extensive medical care, you will be asked to pay for these services in order to get your pet back. If your pet has been placed for adoption, you will also be required to pay the adoption fee. In the case that your prior pet is no longer housed at Wanderers' Rest Humane Association, Inc., staff will not discuss any information about the decided upon disposition including transfer to rescue, adoption, foster placement, or euthanasia. Please remember that you have transferred full ownership to Wanderers' Rest Humane Association, Inc.

PLEASE BE CERTAIN THAT YOUR DECISION TO TURN YOUR PET IN TO THE SHELTER IS YOUR FINAL DECISION.

I have read and understand the above statements:

SIGNATURE: _____ DATE: _____

NAME: _____ PHONE: _____

EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Admitting Staff:

Signature and Title: _____

Date: _____ Surrender Fee: _____

Please fill out this form as honestly as possible. This information will help us match your cat with his/her new forever family. The more information we are provided with allows us to make good matches for the pets left in our care. PLEASE PRINT CLEARLY!

Adoption Return Public Guardian Surrender Less than 90 days (return) Over 90 days (surrender)

Guardian Name	
Full Address	
Phone Number	Email
Cat's Name	How long have you had the cat?
Age	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed / Neutered
Breed	

1. Why are you giving up your cat?

- Moving Allergies Litterbox New Baby Biting/Scratching No Time
- Not getting along with other pets (explain): _____
- Not getting along with family members (explain): _____
- Behavior Issues: _____
- Other: _____

2. How did you obtain this cat?

- Wanderers' Rest Humane Association, Inc. Other Shelter/Rescue: _____
- Newspaper / Internet Friend Breeder Found Stray
- Gift Other: _____

3. Would you recommend placing this cat in a home with young children?

- Yes! No! Not Sure Please Explain: _____

4. If this cat has lived with young children, how did they interact? (Check all that apply)

- Cat actively avoided children Cat growled at child Child could pet the cat Ignored each other
- Played together Gentle/Affectionate Jumps on / Knocks over Other: _____

5. Please tell us what other animals your cat has lived with (Check all that apply):

- Male cat(s): # _____ Female cat(s): # _____ Dogs(s): # _____
 Other pet(s): _____ Never lived with other animals

6. What has been your experience with any opportunities your cat has had to interact with dogs (Check all that apply)

- Bullies Frightened of Friendly/Playful Ignores Shy
 Never around dogs Hisses/Bites/Scratches Curious
 Unknown Other _____

7. Would you recommend placing this cat in a home with dogs?

- Yes! No! Not Sure...
 Please Explain: _____

8. What has been your cat's experience with other cats in your home or outside of your home? (Check all that apply)

- Bullies Frightened of Friendly/Playful Ignores Chases
 Never around other cats Has Injured Curious Gentle
 Hisses/Bites/Scratches Other _____

9. Would you recommend placing this cat in a home with other cats?

- Yes! No! Not Sure...
 Please Explain: _____

10. Is this cat's activity level: Low energy Medium energy Extremely active

11. Does your cat have any areas it doesn't like to be touched?

- Back Tail Other: _____

12. What makes this cat nervous, or causes it to behave in a different manner than usual? (check all that apply)

- Men Women Children Strangers Vet Groomer
 Riding in the car Bathing Loud noises Cat carriers

- Brushing Nail Clipping Other cats: _____
 Other animals: _____ Other: _____

13. How would you characterize this cat overall? (check all that apply)

- Calm Friendly Playful Curious Confident Outgoing
 Stubborn Standoffish Shy Fearful Aggressive Dependent
 Clingy Independent Other: _____

Veterinary Information

14. Name of Veterinarian or Clinic: _____

15. Date of last visit: _____

16. Current on vaccinations: Yes No

17. Has any of the following? FIV FeLV Panleukopenia Unsure

18. In the last 30 days, has your cat had (check all that apply):

- Coughing Sneezing Vomiting Diarrhea

19. Does your cat have any current, previous, or recurring medical problems? Yes No

No

20. If yes, explain: _____

21. Please list any other information that you feel would be helpful for us or for a new owner. This will help us make the best possible match for a new family.

Owner Surrender Disclaimer (all species)

By submitting this application, I understand that this shelter has the right to accept or deny my surrender application. I understand that there are fees associated with surrendering my pet(s).