



# HELPING PAWS ANIMAL SHELTER

## CAT OWNER RELINQUISHMENT FORM

To provide the best care for your pet, it is necessary to have your pet's behavioral and medical histories available for review.

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

Breed/Mix: \_\_\_\_\_ Description: \_\_\_\_\_

Reason for relinquishing cat? \_\_\_\_\_

Does cat belong to you? Y or N      If NO, what is your relationship to owner \_\_\_\_\_

Is your cat spayed/neutered? Y or N      If YES, when? \_\_\_\_\_

Do you have other pets? Y or N      If YES, indicate \_\_\_\_\_

Did you adopt the cat from HP? Y or N      How long ago? \_\_\_\_\_      If YES, name of cat at adoption \_\_\_\_\_

How does your cat behave around family? Indicate ages and number of adults/children in household.

\_\_\_\_\_  
\_\_\_\_\_

Around strangers? \_\_\_\_\_

Around children? \_\_\_\_\_

Around other animals? \_\_\_\_\_

Is your cat declawed?       Front only     Front/Back     Not declawed

Where does your cat live?       Inside     Outside     Both

Does your cat scratch or destroy household items?     Often     Sometimes     Never

Has your cat ever seriously bitten or scratched anyone? Y or N    If YES, how many times? \_\_\_\_\_

Describe the circumstances: \_\_\_\_\_

Does your cat like to be:    Stroked? Y or N    Touched? Y or N    Picked Up? Y or N

Does your cat urinate, defecate or both outside of its box? Y or N If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Who is your cat's current veterinarian? Please provide vet's name and phone number plus hospital name.

\_\_\_\_\_

Does your cat have any current or past health issues? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your cat currently on any medications: Y or N Please List? \_\_\_\_\_

\_\_\_\_\_

**Please Note:**

- ✓ The Relinquishment Fee will be \$50.00 per cat.
- ✓ The cat will be required to pass a temperament test if consideration is given to relinquish.
- ✓ The cat cannot be taken back by its owner once it has been relinquished to Helping Paws.

**SIGNATURE**

**PRINT NAME**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Please fax all medical records to Helping Paws Animal Shelter at 815-338-4406 upon request.  
For more information, please call us at 815-338-4400.

Name of HP representative reviewing questionnaire: \_\_\_\_\_