



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: _____