



FELINE OWNER SURRENDER FORM

We require a surrender fee, \$50 per Animal or \$100 per litter

A COPY OF YOUR DRIVER'S LICENSE IS REQUIRED

Today's Date: _____

Animal Name: _____ Sex: _____ Age: _____

Breed: _____ Color: _____

Did you adopt this cat from LPCHS? ☐ Yes ☐ No Spayed/Neutered? ☐ Yes ☐ No ☐ Unsure

HAS THIS ANIMAL HAD ANY VOMITING, DIARRHEA, OR ANY OTHER HEALTH CONCERNS?
IF SO, PLEASE EXPLAIN

Owners Information

NAME: _____

PRIMARY NUMBER: _____ SECONDARY: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

We use every resource available to successfully rehome animals surrendered to our care, including behavior modification. I understand that adoption of this animal may not be possible due to health or intense behavioral concerns that cannot be treated and that euthanasia may become necessary. Knowing that euthanasia may become a possibility, do you still wish to surrender the animal to La Plata County Humane Society?

☐ YES ☐ NO

If we could help you resolve the issues surrounding the surrender of your cat, would you be interested in keeping your animal?

If yes, please stop here and speak with a staff member for assistance.

Please answer the following questions as completely as possible.

About Your Cat's History

Where did you acquire this cat?

☐ LPCHS

☐ Born in my home

☐ Friend/Relative

☐ Breeder

☐ Free to good home ad

☐ Another Shelter

☐ Found as a stray

Which one?

☐ Pet store

☐ Other

How long has your cat lived with you?

Including your home, how many homes has your cat had?

Why are you surrendering this cat to the shelter?

About Your Cat's Health

Has your cat ever been seen by a Veterinarian? ☐ Yes ☐ No ☐ Unsure

Name of Clinic: _____

Phone Number: _____

Is your cat up to date on their vaccinations? ☐ Yes ☐ No ☐ Unsure

Does your cat take any medications? ☐ Yes ☐ No

If yes, what?

Is your cat declawed? ☐No ☐Yes

If yes, ☐Front ☐Front and Back

How old was the cat when declawed?

What previous medical concerns, or injuries does your cat have?

About Your Cat's Habits

Is your cat (check all that apply)

☐Indoors only

☐Indoor/Outdoor

☐Indoors in cold weather

☐In the garage or basement

☐Outdoors only

☐Out during the day, in at night

☐Other: _____

If indoors only, does your cat try to escape? ☐Yes ☐No

Is your cat litterbox trained? ☐ Yes ☐ No

Did your cat use it consistently? ☐ Yes ☐No

If not, are the issues with:

☐ Urinating outside the box

☐ Defecating outside the box

☐ Both

If the litter box issues were a problem, when did they begin?

Please describe what measures you have taken to attempt to correct this problem.

Please explain any other troublesome behaviors (Scratching the furniture, excessive vocalization, inappropriate play etc.) that new adopters need to be aware of, and under what circumstances they happen.

About Your Cat's Temperament

If this cat has lived with other cats, how did they interact?

If this cat has lived with dogs, how did they interact?

Has your cat been around children? ☐ Yes ☐ No

How did they interact?

Has your cat ever been destructive in the home? ☐ Yes ☐ No

If yes, explain.

Has your cat ever scratched or bitten anyone and broken skin? ☐ Yes ☐ No

If yes, please explain the incident.

This cat seems most comfortable with:

☐ Women

☐ Other Animals

☐ Men

☐ Senior Citizens

☐ Children

☐ Loves Everyone

What is your cat afraid of?

☐ Thunderstorms

☐ Strangers

☐ Crates

☐ Loud Noises

☐ Fast Movement

☐ Vet

☐ Vacuums

☐ Car Rides

☐ Other

☐ Being Alone

☐ Restraint

Is your cat sensitive about being touched or handled in any way? ☐ Yes ☐ No

If yes, explain.

Please feel free to provide any other information that could be helpful to shelter staff or potential adopters.

I hereby relinquish any and all interests and rights of ownership of this animal described above in favor of the La Plata County Humane Society. I certify to the best of my knowledge, the animal has not bitten anyone in the past ten days.

Signature: _____ Date: _____