



Relinquishment Form - CAT

Cat Information (This information will be used to create the cat's biography)

Cat's Name _____ Date _____ UAF's ID # if applicable _____

Age _____ Gender M F Spayed/Neutered Yes No

Size small medium large extra large

Breed(s) _____ Color(s): _____

Cat's personality - check all that apply:

- Shy Outgoing Easygoing Playful Dominant Quiet
- Friendly Excitable Reserved Timid Affectionate Mellow
- Cuddly Tolerates being picked up Likes to be held

Cat's behaviors - check all that apply:

- Scratches Nippy Escapes Aggressive

What is your cat's energy level? High Medium Low

Is cat friendly with: Children? Yes No Unknown Men? Yes No Unknown

Women? Yes No Unknown Cats? Yes No Unknown Dogs? Yes No Unknown

Cat's Training - check all that apply: Litter box trained Leashed Trained

Accustomed to carrier Tolerates car rides

This cat currently lives Indoors Outdoors Both

Is the cat a hunter? Yes No

How long have you had this cat? _____

How did you obtain this cat? _____

Would this cat do well in a multi-cat environment? Yes No Unknown

Brand of food used _____ Amount of food _____

List any special needs or concerns _____

Reason for Relinquishing _____

Release of Veterinary Records

My veterinarian is _____ Phone: _____

I agree that UAF can obtain veterinary records regarding my cat _____

I also agree to phone my veterinarian clinic to tell them that I am permitting the release the cat's of medical records.

Guardian Signature: _____ Date: _____

Are vaccinations current? Yes No

List all vaccinations and dates _____

List any health problems _____

Please attach vaccination and veterinary records and proof of spay/neuter

Relinquishment Agreement

I am relinquishing the above stated cat to United Animal Friends (UAF). I understand that this cat will be evaluated and placed into UAF's Adoption Program and that all matters concerning this cat, including placement, will be conducted by UAF. I freely relinquish ownership of this cat.

Acknowledgement

I understand and agree to the above terms

Guardian Signature _____

Guardian Name(s): _____ Date: _____

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

Home Phone: _____ Cell phone: _____

E-mail: _____

UAF Volunteer: _____ Date: _____