

UNITED ANIMAL FRIENDS ON A RESCUE MISSION

Relinquishment Agreement - Cat

I hereby freely relinquish ownership of the below 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.

Guardian Name(s) Print: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____

E-mail: _____

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

Cat's Name: _____

UAF 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 any that apply:

Scratches Nippy Escapes Aggressive

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

Is the cat friendly with:

Children? Yes No Unknown

Men? Yes No Unknown

Women? Yes No Unknown

Dogs? Yes No Unknown

Cats? 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: _____

Are vaccinations current? Yes No

List all vaccinations and dates: _____

List any health problems: _____

Release of Veterinary Records

My veterinarian is: _____ Phone: _____

Proof of spay/neuter vaccination, and any veterinary records in my possession are attached. Further, I agree that UAF can obtain veterinary records regarding the cat. I also agree to phone my veterinary clinic to tell them that I am permitting the release of the cat's medical records.

Guardian Signature: _____

Date: _____

**Please attach vaccination, veterinary records, and proof of spay/neuter.