**MENOMINEE ANIMAL SHELTER
Serving the Counties of Menominee, MI and Marinette, WI**

**CAT RELINQUISMENT AGREEMENT / SURRENDER BY OWNER**

 **NAME OF LEGAL OWNER:** Click here to enter text.

 **NAME OF PERSON SURRENDERING:** Click here to enter text.

In consideration for the acceptance by the Menominee Animal Shelter (MAS) of the animal described on this animal form, I hereby make the following representation and promise to MAS;

I am 18 years or older and am the lawful owner, (or duty authorized representative of the owner with attached written authority or upon verbal authority), of the animal described on the animal form, and I have unrestricted authority to surrender the animal to MAS. I hereby relinquish to MAS all rights of ownership that I or the legal owner may have in the animal.

I understand that MAS does not guarantee placement of the animal or the length of time that the animal will be held for adoption. The decision as to the length of time the animal will be held for adoption and its final disposition, including adoption or euthanasia, is solely at the discretion of MAS.

I understand that MAS is under no obligation to return the animal to me during the period between its surrender and its disposition. If, however, I request return of the animal during such period and MAS is willing to allow this, I will pay all expenses incurred by MAS in connection with holding and caring for the animal. I will also comply with MAS’s adoption procedures, including execution of an adoption agreement in MAS’s customary form and payment of its normal customary adoption fees.

**To the best of knowledge, the animal has not bitten any person or animal in the 10 days immediately prior to the date of surrender and all information about the animal given by me to MAS is true.
(initial here)** initials

**RELEASE**

On behalf of myself, the legal owner, and my heirs, personal representatives and assigns, I hereby release, discharge indemnify and hold harmless MAS and its directors, officers, employees and agents from any and all claim, cause of action and demands of any nature, whether know or unknown, arising out of or in connection with MAS’s acceptances, care, treatment, housing or disposition of the animal.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: date

Print Name: name Phone: phone

Address: Address City, State, Zip: City, State, Zip

**Cat Surrender Profile**

***By answering the following questions honestly, you better the chance of your animal being placed in the best home for him/her. Please help us in finding that perfect home by being honest.***

**General Information**

Cat’s Name: Cat name

Age or approximate age: Age Date of Birth (if known): DOB

Color:Color Breed(s) of cat: Breed if known Sex: Choose an item.

Spayed/neutered? Choose an item.

What type of I.D. does this cat have? Choose an item.Is this cat declawed? Choose an item.

**History**

Reason you are surrendering your cat: Click here to enter text.

If we could help you resolve this issue, would you be interested in keeping your cat?: Choose one

How long have you owned your cat? Click here to enter text.

If less than 6 months, what can you tell us about the previous home? Click here to enter text.

Including your home, how many homes has this cat had? Click here to enter text.

Where did you acquire this cat? Choose an item.

**Medical History**

Your cat’s Vet: (Name , phone #) Click here to enter text.

Date of shots (if known): Click here to enter text.

Did your cat see a Vet at least once/year? Choose an item.

Are his/her vaccinations current? Choose an item.

Has this cat been severely injured or required any surgery? Choose an item.

If yes, please explain: Click here to enter text.

Has this cat been diagnosed with and/or treated for any of the following medical conditions:
*(check all that apply)*

[ ]  Allergies [ ]  Heart Disease [ ]  Upper Respiratory disease

[ ]  Thyroid disease [ ]  Heart murmur [ ]  Urinary tract infection

[ ]  Epilepsy or seizures [ ]  urinary tract infections [ ]  Diabetes

[ ]  Other: Click here to enter text.

*Please explain in detail*

**Personality**

How would you describe your cat most of the time? *(Check all that apply)*

[ ]  Friendly to family [ ]  Shy to family [ ]  Friendly to visitors [ ]  Shy to visitors

[ ]  Good with children [ ]  Not good with children □ Very active [ ]  Couch Potato

[ ]  Fearful [ ]  Fearless [ ]  Talkative [ ]  Solitary

[ ]  Affectionate [ ]  Lap cat [ ]  More like a dog [ ]  Playful

[ ]  Quiet [ ]  A “clown” [ ]  Aloof

**Has your cat ever bitten anyone?** [ ]  **Yes** [ ]  **No** [ ]  **Not Sure**

**If yes, did the bite break the skin? □ Yes** [ ]  **No** [ ]  **Not Sure**

**How many times has your cat bitten?** Click here to enter text. **Please explain the circumstances if your cat has bitten:** Click here to enter text.

Does your cat ever get annoyed when you brush/groom him/her? [ ]  Yes [ ]  No

Does your cat ever pounce on your feet or ankles unexpectedly? [ ]  Yes [ ]  No

If yes, how often does this happen? Click here to enter text.

**Play Style**

How does your cat like to play? *(Check all that apply)*

[ ]  Plays gently, does not usually use teeth or claws [ ]  Likes to play rough, may bite unintentionally

[ ]  Plays well with other cats [ ]  Plays well with dogs

[ ]  Not much interest in play [ ]  Other *(please explain):* Other

**Lifestyle & Home Life**

What areas of your home did your cat have **access**? *(Check all that apply)*

[ ]  Indoors only [ ]  Indoors with access to outside [ ]  Outdoors only [ ]  Barn/shed

[ ]  Garage or basement [ ]  Other Other

Where did your cat spend **most** of his/her time? *(Check all that apply)*

[ ]  Bedroom [ ]  Kitchen [ ]  Living room [ ]  At the window [ ]  Barn/shed

[ ]  Garage or basement [ ]  Outdoors only [ ]  Other Other

Are there other animals in your home? Choose an item.

If this cat lived with dogs, were they Choose an item.

If this cat lived with dogs, how did they interact? Click here to enter text.

If this cat lived with other cats, how did they interact? Click here to enter text.

If other cats in the home, how many shared a litter box? Click here to enter text.

**Socialization**

Has your cat regularly been around children? [ ]  Yes [ ]  No [ ]  Not Sure

If yes, indicate what ages: [ ]  0-2 yrs [ ]  3-5 yrs [ ]  6-10 yrs [ ]  11-18 yrs

If your cat lived with children under the age of 7, how did they interact? *(Check all that apply)*

[ ]  Cat actively avoided child [ ]  Child could pet the cat [ ]  The cat & child played together

[ ]  Cat hissed or growled at child [ ]  They ignored each other [ ]  Mutual adoration

[ ]  Other Click here to enter text.

Have the experiences with the cat and child(ren) always been positive? [ ]  Yes [ ]  No

If no, please explain Click here to enter text.

Your cat is most comfortable with: [ ]  Women [ ]  Men [ ]  Children [ ]  Teenagers

[ ]  Seniors [ ]  Loves all people

**Dietary Habits**

What is your cat’s favorite brand of **food**? Click here to enter text.

Which type of food does your cat eat? Choose an item.

How often is your cat fed? Choose an item.

What type of **treats** does your cat enjoy? Click here to enter text.

**Litter Box Habits**

**We ask so many questions about litter box use because it is one of the main reasons cats are surrendered. Please help us by giving as much detailed information as possible. Sometimes a change in environment may be just what the cat needs, and sometimes there are more serious health or behavioral issues involved.**

Did your cat have access to a litter box in the house? Choose an item.

If yes, did your cat use the litter box? Choose an item.

If no, did your cat only go potty outdoors? Choose an item.

How many litter boxes did your cat have access to? Click here to enter text.

What kind of litter box is your cat used to? Choose an item.

How often was the litter box scooped? Choose an item.

What types(s) of litter was used? Choose an item.

Please give specific brand of litter you used if possable: Click here to enter text.

Did your cat have accidents in your home? Choose an item.

If yes or sometimes, how often does the cat have accidents? Click here to enter text.

Please describe the accidents: [ ]  Urinates outside the box [ ]  Defecates outside the box

[ ]  Urinates on clothing /furniture [ ]  Sprays on walls/furniture [ ]  All of the above

[ ]  Other Other

If litter box accidents were an issue, when did they begin? Choose an item. Other

Can you name an event(s) that might have influenced or triggered an inappropriate litter box use? Click here to enter text.

Please describe what measure you have taken to correct this problem: Click here to enter text.

Has your cat been to the veterinarian to rule out infection or underlying health issues? Yes/No

If yes, what was the outcome? Click here to enter text.

Please add any additional comments about your cat. Thank You. Click here to enter text.