



# Cat Surrender Form

11878 PA 85, Kittanning, PA 16201 724-548-4520 | [www.orphansofthestorm-pa.org](http://www.orphansofthestorm-pa.org)  
Humane Police Officer O'Donnell, phone 724-954-9515, email [HumaneOfficerAC@gmail.com](mailto:HumaneOfficerAC@gmail.com)

This form will find your cat a new home. **PLEASE BE HONEST!** Honest answers will help us place your cat with people who understand its shortcomings, achievements and help to avoid your cat being returned back to the shelter. *Please feel free to continue any of your answers on the back.*

1. What is the cat's name? \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_
2. What breed is the cat? \_\_\_\_\_ Color: \_\_\_\_\_
3. How old is the cat? \_\_\_\_\_
4. Where did you obtain the cat? \_\_\_\_\_
5. Why are you giving up the cat? \_\_\_\_\_
6. Is the cat litter trained? \_\_\_\_\_ Does the cat ever have accidents? \_\_\_\_\_ How often/when? \_\_\_\_\_
7. Does the cat ever go outside? \_\_\_\_\_ If yes, how often and how long? \_\_\_\_\_
8. Is the cat afraid of anything? \_\_\_\_\_
9. Has the cat been with other animals? \_\_\_\_\_ What kind? \_\_\_\_\_
10. Is the cat good with children? \_\_\_\_\_ If yes, what are ages of children cat has been around? \_\_\_\_\_
11. Has the cat shown any aggressive/nasty tendencies? If yes, please explain: \_\_\_\_\_
12. When was the cat's last veterinarian visit/\_veterinarian's name? \_\_\_\_\_
13. Is the cat current on vaccinations and wormings? \_\_\_\_\_
14. Does the cat have any known health problems? If yes, please explain \_\_\_\_\_
15. Is the cat spayed or neutered? \_\_\_\_\_ If yes, do you have the certificate? \_\_\_\_\_
16. What do you feed the cat? \_\_\_\_\_ How much? \_\_\_\_\_ How often? \_\_\_\_\_

I, the undersigned, certify that I hereby surrender all my interest of the above cat (s) to Orphans of the Storm, Inc. (OOTS) I do so voluntarily, without duress or coercion, and without expectation of any influence in charges that may be filed. (Initial) \_\_\_\_\_ All animals thus relinquished become at once the property of OOTS. It is expressly agreed that said OOTS will incur no obligation to me on account of such disposition of the of the (these) animal(s). I grant permission for OOTS to use images of the above animal(s) in any format, in any and all media, for any purpose.

## PLEASE PRINT:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ email: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Received by: \_\_\_\_\_ Donation: \_\_\_\_\_