



Cat Surrender Form

11878 PA 85, Kittanning, PA 16201 724-548-4520 | www.orphansofthestorm-pa.org

Humane Police Officer O'Donnell, phone 724-954-9515, email 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 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. Where did you obtain the cat? _____
4. Why are you giving up the cat? _____
5. Is the cat litter trained? _____ Does the cat ever have accidents? _____ How often/when? _____
6. Does the cat ever go outside? _____ If yes, how often and how long? _____
7. Is the cat afraid of anything? _____
8. Has the cat been with other animals? _____ What kind? _____
9. Is the cat good with children? _____ If yes, what are ages of children cat has been around? _____
10. Has the cat shown any aggressive/nasty tendencies? If yes, please explain: _____
11. When was the cat's last veterinarian visit/ veterinarian's name? _____
I authorize the release of all medical records on this animal to OOTS. _____ (initial)
12. Is the cat current on vaccinations and wormings? _____
13. Does the cat have any known health problems? If yes, please explain _____
14. Is the cat spayed or neutered? _____ If yes, do you have the certificate? _____
15. 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 have the authority to do so, have duty of care, do so voluntarily, without duress or coercion, and without expectation of any influence in charges that may be filed. (Initial) _____ All animals 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 (these) animal(s). I grant permission for OOTS to use images of these animal(s) in any format, in all media, for any purpose.

PLEASE PRINT:

Name: _____ Date: _____

Address: _____ City: _____ State _____ Zip: _____

Phone(s): _____ email: _____

Signature: _____

Received by: _____ Donation: _____