



OWNER SURRENDER FORM

Owner Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Email _____ License/ID# _____

Cat Name _____ Age/DOB _____ Gender Female Male

Spayed/Neutered Yes No Breed _____ Colors _____

Microchip# _____ Id# _____ Tag# _____

Veterinary Clinic/Hospital Name _____ Phone # _____

Reason for surrender? _____

Was the cat adopted or purchased? Age of cat when acquired and location? _____

Is the cat current on his/her rabies vaccinations? Any other vaccines? _____

Does the cat have any medical problems or previous injuries? _____

What type/brand wet food does your cat eat? Dry? _____

What type of litter does your cat prefer? _____

Personality:

Things your cat enjoys: _____

Does your cat have any of the following Behavioral Issues? (circle all that apply)

Scratching furniture chewing objects spraying
Chewing plants jumping on counters scratching people biting
Escaping outside climbing aggression other:

Indoor or outdoor cat? _____

Is the cat good with children, others, and other animals? Explain. _____

I hereby certify that I am the rightful owner of the cat. I also certify that the above information reflects the cat I am surrendering to Kitty Whispers Haven, Inc. I also certify that the above information is all true and authorize the release of medical records from the veterinary clinic above to Kitty Whispers Haven, Inc. I am the owner of this cat and have full rights to surrender the animal. I understand that once I relinquish the cat, the animal will not be available to be returned. I further certify that I have read and understand the terms of this Owner Surrender Form.

Print Name: _____ Date: _____

Signature: _____

Representative of Kitty Whispers Haven: _____