

# PETSinc Cat Release Form



PETSinc ID # \_\_\_\_\_ thru # \_\_\_\_\_ Date: \_\_\_\_\_

Coat: \_\_\_\_\_ Short Tail: \_\_\_\_\_ Docked Sex: \_\_\_\_\_ Age: \_\_\_\_\_ weeks  
\_\_\_\_\_ Long \_\_\_\_\_ Long (for multi-intakes) \_\_\_\_\_ months  
\_\_\_\_\_ M/ \_\_\_\_\_ F \_\_\_\_\_ year(s)

Animal's Name(s): \_\_\_\_\_  
Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Overall Condition (Note Injuries): \_\_\_\_\_  
\_\_\_\_\_

Describe Personality: \_\_\_\_\_  
\_\_\_\_\_

(Please Do Not Write Above This Line: PETSinc Only)

### Please list the date(s) this animal last received the following:

Heartworm Prevention: \_\_\_\_\_  
Dewormer: \_\_\_\_\_  
Flea/Tick Prevention: \_\_\_\_\_  
Ear Cleaning/Mite Treatment: \_\_\_\_\_

### Please list the date(s) this animal last received the following vaccinations/tests:

Rabies: \_\_\_\_\_  
Rabies Tag #: \_\_\_\_\_  
Heartworm Test: \_\_\_\_\_

Date Found/Acquired: \_\_\_\_\_  
Location Found/Acquired: \_\_\_\_\_

What, if any, efforts have you made to find Animal's owner?  
\_\_\_\_\_

Reason for releasing: \_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_  
\_\_\_\_\_

I certify that, to my knowledge, said animal(s) (if not a stray or lost animal) has/have not bitten anyone during the last 14 days.  
\_\_\_\_\_ (Initial)

### Medical Information

Veterinary Clinic: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Spayed/Neutered: **Yes No**  
If so, when: \_\_\_\_\_

**For Kittens:** Do you elect to have the parent Cats(s) spayed/neutered through PETSinc.?  Yes  No  
If no, do you have an appointment with your own veterinary clinic?  
 Yes  No

**Is this cat declawed**  Yes  No  
 Front Paws Only  
 All Paws

### Is this cat good with:

Children:  Yes  No  Unsure  
Dogs:  Yes  No  Unsure  
Cats:  Yes  No  Unsure

### Is this cat:

Litter Trained:  Yes  No  Unsure  
 Indoor Only  Outdoor Only  Both

### Describe any litter box issues :

\_\_\_\_\_  
\_\_\_\_\_

- I hereby relinquish all ownership rights in the animal(s) described herein to the custody of PETSinc for disposition to their discretion. **I understand that I am not to sell or give away the above mentioned animal(s) after relinquishing rights to PETSinc** Doing so will subject me to a fine not exceeding \$200 should this result in a court case. I understand I will be liable for any and all legal costs and attorney fees as well. I agree to "foster" the animal(s) until PETSinc takes custody or the animal is adopted. \_\_\_\_\_ (Initial)
- I agree to refer anyone interested in adopting said animal(s) to PETSinc. \_\_\_\_\_ (Initial)
- I understand PETSinc, cannot be held liable for any veterinary care I may incur unless authorized by PETSinc via a **VET Authorization Form** for one of their participating clinics. \_\_\_\_\_ (Initial)
- I understand that my deposit will be held until the animal(s) has/have been adopted and any unaltered pets in my household have been spayed/neutered. \_\_\_\_\_ (Initial)
- I understand that my deposit will be forfeited if any of the covenants of this agreement are broken \_\_\_\_\_ (Initial)

\_\_\_\_\_  
(Owner/Finder's Signature) (Print Owner/Finder's Name)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donation Given: \_\_\_\_\_ PETSinc Representative: \_\_\_\_\_

# Release Form Questionnaire

Tag # \_\_\_\_\_ Releaser Name \_\_\_\_\_ Date: \_\_\_\_\_

When and where did you find this animal? How did you acquire ownership?

Any medical concerns or issues that we need to look for, or be prepared to treat? Please let us know so we can provide proper care and alert a new home to any issues. Where has this animal gone to receive medical attention? Checkups? Vaccinations?

How old are the children that this animal has been around? Give an example of how they interacted with other animals? Good and/or bad?

Where does this animal sleep?

Has this animal been strictly indoor? Indoor/Outdoor? Outdoor?

Are you experiencing any house training/litter box issues? If so, please explain.

Has this animal ever shown signs of aggression or other behavioral problems? If yes, what were the circumstances? Be descriptive.

What diet has this animal been on? What kind of treats?

Is this animal crate trained? How long are they kept in the crate at any given time?

What are some favorite toys/activities of this animal?

Please write a descriptive paragraph as to why you have to release this animal into our program.

Thank you for taking the time to fill out this form.  
We appreciate your honesty and willingness to help!

PETSinc has been saving lives for 25 years!  
Will you help us continue?

\_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$75 \_\_\_\_\_ \$100 \_\_\_\_\_ \$125 \_\_\_\_\_ Other

