

CAT RELEASE FORM

The SPCA of Anne Arundel County

1815 Bay Ridge Ave. Annapolis MD 21403

www.aacspca.org

410.268.4388 Fax 410.268.8077

Date: _____

Sign in Staff: _____

Animal #: _____

OWNER'S INFORMATION

Name: _____ Driver's License #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ County: _____

Owner if different then above: _____ Home Phone: _____

Reason for surrendering animal: _____

I do / do not wish to be contacted if the cat is deemed unadoptable by the SPCA.

CAT'S BEHAVIOR

Has the cat ever scratched or bitten? YES NO

If YES, when was the most recent bite/scratch? _____ Who was involved? _____

Please explain the circumstances: _____

Is the cat litter trained? YES MOSTLY PARTLY NO

Has the cat ever reacted negatively or aggressively toward anyone? YES NO

If YES, what happened? _____

Has s/he lived with any children? YES NO If YES, what ages? _____

How did s/he do with the children? _____

Is the cat used to being handled? YES NO How does s/he react? _____

Has the cat ever been around other cats? YES NO If YES, how does s/he react to them? _____

Has the cat ever been around dogs? YES NO If YES, how does s/he react to them? _____

Does the cat use a scratching post? YES NO Does the cat scratch furniture? YES NO

Does the cat go outside? YES NO If YES, when? _____

CAT'S INFORMATION

Part of a group? YES NO # _____

Pet's Name: _____ Age: _____ years months weeks

Breed: _____ Purebred? YES NO

Color(s): _____ Special Markings: _____

Sex: _____ Spayed/Neutered? YES NO UNKNOWN Is the cat declawed? YES NO

Has the cat had a tendonectomy? YES NO If YES, what paws? _____ When was the surgery? _____

How long have you had the cat? _____ Where did you get the cat? _____

VETERINARY HISTORY

Microchip ID # _____

Veterinary Clinic(s) Used: _____ Last Date Seen: _____

Clinic(s) Location: City _____ State: _____ Name(S) Records are under: _____

Has the pet had any medical problems? YES NO If YES, what problems? _____

When was the cat last in heat? _____ Has the pet ever had a litter? YES NO If YES, when? _____

Is the pet on any medications (include flea, heartworm)? YES NO If YES, what medications? _____

_____ why? _____ dates given? _____

Please circle any medical concerns that occurred within the last 2 weeks? NONE List on back

Diarrhea Lethargy Eaten foreign object(what: _____) Unknown wounds/bites Vomiting

I certify that I am the owner (or duly authorized agent for the owner) of the animal described above and that I surrender custody to The Society for the Prevention of Cruelty to Animals (SPCA) of Anne Arundel County, Inc. I certify that the information listed above is true and correct to the best of my knowledge. I certify that to my knowledge, no one else has the right to the property/ownership of this animal and that it has/has not bitten any person or animal in the last ten (10) days. I understand that I may not reclaim it and that it may be placed in an adoptive home, with an appropriate breed rescue group, or humanely euthanized, either immediately or if the SPCA determines that a suitable home cannot or should not be found. I understand that the final disposition of the animal will not be disclosed. I give my permission for The SPCA of Anne Arundel County, Inc. and/or the SPCA's authorized agents to verify the information above, including the release of medical information pertaining to my pet(s) from the veterinarian(s) provided above.

X _____ Date _____ Donation _____ Supplies _____

The SPCA of Anne Arundel County is a private, non-profit organization. We receive no funds from any city, state, or local government agencies. We provide vaccinations, medical care, food and love for all of our shelter animals. We rely on donations and our small adoption fees to help care for the hundreds of animals surrendered to our shelter each year. Thank you for making a donation today.