

  
**SCOTTSVILLE**  
**VETERINARY ADOPTIONS**

*"Dedicated to matching homeless pets with caring people"*

**3750 Scottsville Road • Scottsville, N.Y. 14546 • (716) 889-8340**

## Cat Release Form

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name:** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**ZIP:** \_\_\_\_\_

**Cats Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Sex (circle one):** Male Female **Is this cat spayed or neutered?** \_\_\_\_\_

**How long have you had this cat?** \_\_\_\_\_ **Where did you acquire this cat?** \_\_\_\_\_  
\_\_\_\_\_

**Is this cat a stray, if so has it been Leukemia tested?**  
\_\_\_\_\_

**Why are you surrendering this cat?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Can you give us any background on this cat?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has this cat had any veterinary care yet?** \_\_\_\_\_  
\_\_\_\_\_

**Does this cat get along with children?** \_\_\_\_\_ **Other cats?** \_\_\_\_\_ **Dogs?** \_\_\_\_\_

**Does your cat stay Indoors?** \_\_\_\_\_ **Outdoors?** \_\_\_\_\_ **Indoor/Outdoor?** \_\_\_\_\_

**Please read and sign:**

I \_\_\_\_\_ agree to place my cat into The Scottsville Veterinary Adoption Program for its placement into a new home. I understand that if this cat deteriorates physically, or demonstrates aggressive behavior this animal may require euthanasia at the full discretion of shelter or veterinary staff.

Signature: \_\_\_\_\_

Thank you.