

# Cat Release Form

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

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Number of cats in litter \_\_\_\_\_ Age \_\_\_\_\_

Colors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are these cats strays? \_\_\_\_\_

Do you have the mother of these cats? \_\_\_\_\_

Has the mother ever been tested for feline leukemia? \_\_\_\_\_

Can you give us any background on these cats? \_\_\_\_\_

\_\_\_\_\_

Have these cats had any veterinary care yet? \_\_\_\_\_

If so what is the name of the doctor or Veterinary Hospital?

\_\_\_\_\_

Please read and sign: I \_\_\_\_\_ agree to place my Cat(s) 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.

Owner: \_\_\_\_\_