

**SCOTTSVILLE**
VETERINARY ADOPTIONS

"Dedicated to matching homeless pets with caring people"

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

Kitten Release Form

Date ____/____/____

Name: _____ **Phone:** (____) _____ - _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Number of kitten(s) in litter _____ **Ages** _____

Number of females: _____ **Number of males:** _____

Are these kittens strays? _____

Do you have the mother of these kittens? _____

Has the mother ever been tested for feline leukemia? _____

If so, what were the results? _____

Have any of the kittens been tested for feline leukemia? _____

If so, what were the results? _____

Can you give us any background on these kittens? _____

Have these kittens had any veterinary care yet? _____

If so, what have they had? _____

Please read and sign:

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

Signature: _____

Thank you.