

PO Box 351 Cumberland, ME 04021

207-829-4116 www.hartofme.org

**Surrender Form**

No one knows and loves your cat the way you do! In order to find the most appropriate home for your cat, please provide as much detail as possible about the history, past veterinary care, likes, dislikes, and quirks of your feline friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly does!

Cat’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_ \_\_ Breed: Color:

Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Cell/Home/Work Email: \_\_\_\_\_\_\_\_

Sex: Male Female Unknown

Is the cat spayed/neutered? Yes No Unknown If yes, when?

Does the cat have: Tattoo Microchip None/Not sure

Is the cat declawed? No Front only All 4 declawed

Why are you surrendering the cat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How long have you owned the cat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the cat adopted from HART? Yes No If no, from where?

Does the cat have a veterinarian? Yes No If yes, who?

Does the cat have any medical conditions? Yes No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Regardless of the health of your cat, please attach any medical forms you have for any treatments or visits for your cat.**

Please complete next page

Is the cat: Friendly to family Friendly to strangers Both Neither

Does the cat play? Often Some Never Favorite toy: \_\_\_\_\_\_\_\_\_\_\_\_\_

Is the cat: Fearful Fearless Somewhere in the middle

Is the cat: Very active Somewhat active Couch Potato

What do you like most about the cat?

Is your household: Very active Average activity Calm and quiet

How many hours per day was the cat left alone?

Was the cat kept indoors only? Yes No

Has the cat ever lived with other cats? Yes No Unsure How many?

Did the cats get along? Yes No N/A

Has the cat ever lived with dogs? Yes No Unsure What kind of dog?

Did they get along? Yes No N/A

Has the cat lived with children? Yes No Unsure If yes, what age(s)?

Did the cat enjoy interacting with the children? Yes No N/A

**FEEDING**

What does the cat eat? Dry only Canned only Combination of dry & canned

What brand(s) of food does the cat like?

**LITTER BOX**

Issues with the litter box? Urinates outside the box Urinates on clothing/furniture

Defecates outside the box Sprays on walls/furniture

All of the above Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type(s) of litter was used? Unscented Scented Clumping Non-Clumping Crystals Pine Other

If multiple cats, did they all share litterbox(es)? One Two Three+ Multiple boxes for multiple cats

What have you done to try to correct the problem?

Has the cat been to the veterinarian to rule out infection or underlying health issues? Yes No

If yes, what was the outcome?

By signing below, I certify that I am: (a) the guardian/owner of the Cat described above; or (b) the authorized representative of the guardian/owner of the Cat described above. I also certify that I have unrestricted and complete authority to

surrender and to transfer ownership of the Cat to Homeless Animal Rescue Team of Maine, Inc. (HART of Maine).

I surrender, relinquish, and transfer ownership and all rights of guardianship in the Cat to HART of Maine, actual or implied,

that I might have.

\_\_\_\_\_\_\_\_\_ I certify that to the best of my knowledge the Cat has not bitten anyone in the last 10 days.

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

Signature

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

Date

**Please use the back of this form to provide us with a story or additional information about your kitty. This will help us to know more about his/her personality and will help us to create the bio.**