

SURRENDER FORM

NAME: _____ EMAIL: _____
ADDRESS: _____ POSTAL CODE: _____
PHONES: HOME _____ WORK _____ CELL _____
REASON FOR SURRENDER (moving, allergies, rescue, etc.) _____

PETS NAME: _____	MALE _____ FEMALE _____	AGE _____
BREED: _____	COLOUR: _____	SPAYED/NEUTERED: YES _____ NO _____
TATTOO/MICROCHIP#: _____	DECLAWED: YES _____ NO _____	
VACCINATIONS: RABIES _____ DISTEMPER _____ LEUKIMIA _____	NEXT VACCINES DUE: _____	

GOOD WITH KIDS: _____ GOOD WITH DOGS: _____ GOOD WITH CATS: _____
BEHAVIOURS WE NEED TO KNOW ABOUT: (bites, scratches, doesn't like to be held, pees outside litterbox)

WHAT BRAND OF FOOD IS YOUR CAT CURRENTLY EATING? _____
ANY DIGESTIVE ISSUES: (diarrhea, vomiting, etc) _____
ARE YOU WILLING TO LET US ADOPT THIS CAT THROUGH PETSMAART: _____
(all proceeds are paid to **WHISKER RESCUE** in order to help future cats in need)

ANY OTHER INFORMATION WE SHOULD KNOW ABOUT: _____

SIGNATURE: _____ DATE: _____