

Feline Surrender Request

3 3		000 3 3 00
Jennife	er's pet Res	cue. Inc.

Name:					Date:			
Address:					Phone:			
City/State/ZIP:					Mobile:			
Email:								
G II N					A	D. J		
Cat's Name: Age or Date Sex: Spayed Female Neutered Male Un-spayed Female U					Age or Date of	of Birth:		
				n-s	payed Female Un-n	eutered	l Male	
Reason for Surrender:					10 61 1: (5	G10: 0		1/7 1
How did you get the cat: Add	opted i	from J	PR	tec	I from Shelter/Rescue	Gift fro	m Fri	end/Family
☐ Purchased from Store/Breed						ınd wit	hin las	st 6 months)
When did you get the cat:						_		
Does the cat have a primary can	re vet:	∐Yes	□ No □	Ur	nknown Do you have re			
Name of vet or clinic:					Phone Number	r:		
Describe any medical condition								
If surrendering a litter of kitten	ıs, wou	ıld you	ı like low-cost :	spa	y∕neuter information: ∐Y€	s 📙	No	
			Medical In	for				
					Yes	N	D	Unknown
Current on rabies vaccine		Date:						
		☐ Tags P	☐ Tags Present ☐ No Tags					
Tested for Feline Leukemia & Feline			Date:	Date:				
Immunodeficiency Virus (FeL/FIV)			☐ Positiv	☐ Positive ☐ Negative				
Exposed to other cats since last	FeL/I	FIV tes	st					
Current on flea preventative			Date:	Date:				
KITTENS: Boosters			Rd 1 Date	Rd 1 Date:				
		Rd 2 Date	Rd 2 Date:					
				Rd 3 Date:				
Declawed				_				
								1
	Per	sonal	ity & Tempe	rai	ment Information			
	Yes		Unknown			Yes	No	Unknown
Good with children	103	110	C111110 W11		Litterbox trained	103	110	
Good with other cats					Scratch furniture			
Good with dogs					Ever bitten anyone			
Good with dogs					Ever bitten anyone			
Cat currently lives: Inside	☐ Ou	ıtcida	☐ Both					
Anything else the new owners s	siiouiu							
Describe the ideal home for the	oot:							
Describe the ideal nome for the								
Items donated with the cat:								
items donated with the cat.								
Signature:					Donat	ion Am	ount	
Signature:					Donat	ion Aill	ouiit.	