

MetroWest Humane Society
Animal Surrender Application
(Please complete one per each animal surrendered)

Internal used
Date of entry: _____
Cat's name: _____

Date of application: ____/____/____

Owner Information:

Name: _____
Address: _____

Phone (H): (____) ____ - ____
(C): (____) ____ - ____
E-mail: _____

Owner of animal? Yes No

If "No", please explain: _____

Animal Information:

Name: _____

Breed: DSH DMH DLH Other: _____

Coloring/Markings: _____

Age: _____ Date of Birth (if known): ____/____/____

Sex: Male Female Spayed Neutered Unknown

Where did you originally adopt/purchase/acquire this animal (Please be specific):

Reason for Surrender (Please be specific): _____

Behavior Characteristics:

Please be as clear and detailed as possible. The more information we have, the better we will be able to help your cat and to match it to a forever family.

Did this cat live with:

- **Other cats?** Yes No Unknown

Did they get along? Yes No Unknown; if no, please explain: _____

- **Dogs?** Yes No Unknown

What type of dog? _____

Did they get along? Yes No Unknown; if no, please explain: _____

- **Any other animals?** Yes No Unknown

If yes, what type? _____

And did they get along? Yes No Unknown; if no, please explain: _____

- **Children or have contact with children?** Yes No Unknown

If yes, what ages? _____

Was the cat friendly with the children? Yes No Unknown; if no, please explain: _____

Does this cat:

- **Bite?** Yes No Unknown

If yes, please explain: _____

Has this cat bitten anyone in the last 10 days? Yes No Unknown

If yes, please explain: _____

- **Scratch?** Yes No Unknown

If yes, please explain: _____

How does this cat behave around adults? (Check all that apply)

- Friendly Nervous Shy Scared Lap cat Scared of men Scared of women
- Hides

Is this cat litter box trained? Yes No Unknown

If no, please explain: _____

Medical History (Please attach all medical records to this form):

Veterinarian's name: _____

Phone Number: (____) _____ - _____

Did this cat live: Indoor only Indoor and outdoor Outdoor only

Date of last Vet visit: ____/____/____

Microchipped? Yes, #: _____ No

Any medical conditions or surgery that we should know about? Yes No

If yes, please explain: _____

Diet:

Does this cat:

- **Eat dry food?** Yes No Unknown
If yes, what brand and how much? _____
- **Eat wet food?** Yes No Unknown
If yes, what brand and how often? _____
- **Have any dietary restrictions or needs?** Yes No Unknown
If yes, please explain: _____

Other:

Please write a brief description of your pet that would help us get to know him/her and aid in placing into a new home: _____

I, the undersigned, transfer ownership of the animal listed above to MetroWest Humane Society and by doing so have no rights to the placement or decisions regarding this pet.

Signature of owner / person surrendering:

Name

Date

**** Any donations are greatly appreciated to help cover the cost for medical treatment and care for this cat. To spay/neuter, update on vaccines and provide other needed care, the cost averages about \$300. Please help as best as you can.****

If approved, please provide the following at the time of surrender:

- Medical records for the cat
- There is a surrender fee dependent on the medical care your cat has had prior to coming to MWHS
- Any food, toys, or bedding of the cat

****Internal Use Only****

** NOTE: MWHS Staff please review in full this application with the person surrendering before taking a cat into the shelter.*

Date of surrender: ____/____/____

Surrender Counselor: _____

Health of cat at time of surrender: _____

Behavior of cat at time of surrender: _____

Donation received: \$ _____

Other items received with cat: _____

Location of cat in shelter: _____