Caring Fields Felines
P.O. Box 1693
Palm City, FL 34991
772-463-7386

CAT SURRENDER FORM

Cat's name: _____ Cat's age: _____

Gender: _____ Male _____ Female Declawed: _____ Yes _____ No

Length of time owned: _____ Microchip number: _____

Reason for surrender: _____

_____

Lifestyle:_____Indoor only _____Outdoor only _____Indoor and Outdoor

Cat personality (check all that apply): _____friendly _____playful _____shy
_____reclusive _____ gets along with dogs _____gets along with cats
_____ gets along with children _____ lapcat _____couch kitty
_____ sleeps with her people _____ reliably uses litterbox
FIV/FeLV status: _____ Negative _____ Positive Date tested: _____

Name/phone number of veterinarian: _____

Date/reason last seen by Vet:_____

I understand that I am relinquishing ownership of the above-named cat to Caring Fields Felines. I will no longer have any rights or privileges pertaining to this cat. CFF is under no obligation to provide me with any information about this cat once the surrender is complete.

Owner's name: _____

Address: _____
Street City State ZIP

Phone number: _____

Signature and date: _____

Surrender fee: _____ Approved by: _____