



# Individual Relinquishment Request

1925 S. Tamiami Trail, Venice FL 34293 🐾 941.492.6200

## RELINQUISHER INFORMATION

Date:	Name:
Phone #:	City:
Timeframe to Relinquish:	Signature:

## CAT INFORMATION

STRAY CAT

When did you find this cat?
How/Where did you find this cat?

*(If you have had the cat for less than 3 days, please call Sarasota County Animal Services (941) 861-9500. A "Stray Hold" must be done on any stray animal found in the county. If you are concerned that the county will euthanize the cat, please know that rescues work closely with Animal Services to get all cats adopted and we often take cats from them.)*

PERSONAL PET

Name of Cat:	How long have you had the cat?	DOB or age (if known):
Breed: <input type="checkbox"/> DSH <input type="checkbox"/> DMH <input type="checkbox"/> DLH Other:	Color:	Weight (if known):
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed/Neutered: <input type="checkbox"/> No <input type="checkbox"/> Yes	Declawed: <input type="checkbox"/> No <input type="checkbox"/> Yes
Microchipped? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, microchip company: Microchip # (if known):	
<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> In & Out	Where did you acquire this pet? <input type="checkbox"/> SFAR Other:	

### If a SFAR cat, please fill out the following information so we can locate the original file

Person who adopted the cat:	When cat was adopted:	SFAR cat name:
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*(We will take back a verified adopted SFAR cat regardless of age/health BUT we need to schedule the time the cat can come in. This is done AFTER we counsel you and try to keep the cat in the home.)*

## RELINQUISHMENT DETAILS

Reason for relinquishment:
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If we could offer you assistance to keep your cat, would you be interested?  No  Yes  
 If yes, what assistance would you need?  Food  Litter  Medical care  Behavior modification  
 Other:

### MEDICAL CARE

Did you take the cat to a veterinarian? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date:
Name of Veterinarian:	Phone #:
Veterinary services performed on this cat:	
Up to date on vaccines (Rabies/FVRCP): <input type="checkbox"/> No <input type="checkbox"/> Yes	Date:
Flea prevention medicine: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, type:	Date:
Known medical condition: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:	
Medications: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, type:	
Tested for FELV/FIV: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, results: <input type="checkbox"/> Negative for both <input type="checkbox"/> FELV+ <input type="checkbox"/> FIV+	

### BEHAVIORS

Check all that apply: <input type="checkbox"/> Shy <input type="checkbox"/> Outgoing <input type="checkbox"/> Lap cat <input type="checkbox"/> Friendly <input type="checkbox"/> Sweet <input type="checkbox"/> Hissy <input type="checkbox"/> Nippy <input type="checkbox"/> History of bites <input type="checkbox"/> Aggressive
Litter box issues: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes: <input type="checkbox"/> Pees outside box <input type="checkbox"/> Poops outside box <input type="checkbox"/> Pees & poops outside box
Gets along with: <input type="checkbox"/> Other cats <input type="checkbox"/> Small dogs <input type="checkbox"/> Large dogs <input type="checkbox"/> Children
Other:

### OTHER IMPORTANT INFORMATION WE SHOULD KNOW

### BEFORE YOU RELINQUISH

Please consider rehoming. It's less stressful for a cat to be rehomed directly rather than go to a shelter.

#### Rehoming Resources

- Nextdoor.com
- AdoptAPet.com
- Home-Home.org
- Facebook
- Other area shelters/rescues