**Relinquishment Request**

1925 S. Tamiami Trail, Venice FL 34293 🐾 941.492.6200

**RELINQUISHER INFORMATION**

|  |  |
| --- | --- |
| Date:      | Name:      |
| Phone #:      | City:      |

|  |  |
| --- | --- |
| Timeframe to Relinquish:      | Person filling out form:      |

**CAT INFORMATION**

[ ]  **STRAY CAT**

|  |  |
| --- | --- |
| How/where did you find this cat?      | When 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: [ ]  DSH [ ]  DMH [ ]  DLHOther:       | Color:      | Weight (if known):      |
| Sex: [ ]  Male [ ]  Female | Spayed/Neutered: [ ]  No [ ]  Yes | Declawed: [ ]  No [ ]  Yes |
| Microchipped? [ ]  No [ ]  Yes | If yes, microchip company:      |
| [ ]  Indoor [ ]  Outdoor [ ]  In & Out | Where did you acquire this pet? [ ]  SFAROther:       |

**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:      |

*(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:      |
| If we could offer you assistance to keep your cat, would you be interested? [ ]  No [ ]  YesIf yes, what assistance would you need?[ ]  Food [ ]  Litter [ ]  Help with medical care [ ]  Behavior modificationOther:       |

**MEDICAL CARE**

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

**BEHAVIORS**

|  |
| --- |
| Check all that apply: [ ]  Shy [ ]  Outgoing [ ]  Lap cat [ ]  Friendly [ ]  Sweet[ ]  Hissy [ ]  Nippy [ ]  History of bites [ ]  Aggressive |
| Litter box issues: [ ]  No [ ]  YesIf yes: [ ]  Pees outside box [ ]  Poops outside box [ ]  Pees & poops outside box |
| Gets along with: [ ]  Other cats [ ]  Small dogs [ ]  Large dogs [ ]  Children |
| Other:       |

**BEFORE YOU RELINQUISH**

Please consider rehoming. It is 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

(rev 10.12.23)