**Shape, circle

Description automatically generatedRelinquishment 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  DLH  Other: | | | 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?  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: |

*(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  Yes  If yes, what assistance would you need?  Food  Litter  Help with medical care  Behavior modification  Other: |

**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  Yes  If yes, type: | Date: |
| Known medical condition:  No  Yes  If yes, describe: | |
| Medications:  No  Yes  If yes, type: | |
| Tested for FELV/FIV:  No  Yes  If 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  Yes  If 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)