



Rescue/Trapper Relinquishment Request

1925 S. Tamiami Trail, Venice FL 34293 🐾 941.492.6200

RELINQUISHER INFORMATION

Date:	Rescue Organization:
Representative Name:	Street Address:
Phone #:	City:
Email:	State/Zip:

CAT INFORMATION

Name of Cat (if known):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB or Age (if known):
Description:		
Is this a Stray Cat or Owned Cat? <input type="checkbox"/> Stray <input type="checkbox"/> Owned		
If Stray Cat, was a found report sent to your county Animal Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date report sent: If No, a found report must be sent to the county.		
If Owned Cat, do you have a signed statement from the owner releasing the cat to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy. If No, why not?		
Where was the cat picked up? Provide exact location.		
When did the cat enter your rescue?		
Did you take the cat to a veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date: Veterinarian Name: Phone #:		
What medical conditions, if any, has the cat been diagnosed with and/or treated for while in your care?		
What medications, if any, has the cat received while in your care? Provide name of medication(s) and date(s) administered.		

OTHER IMPORTANT INFORMATION WE SHOULD KNOW

By signing this document, I am hereby relinquishing this cat and giving St. Francis Animal Rescue of Venice (SFAR) sole custody and complete authority regarding his/her care. I understand that if this cat is NOT adoptable due to behavioral or medical conditions that may become apparent or arise after being accepted by SFAR, rescuer agrees reclaim the cat immediately upon request by SFAR.

Signature of Rescue Representative

Date

Signature of SFAR Representative Accepting Cat

Date