



Feline Surrender Request

Please complete all shaded areas. Incomplete forms may not be processed.

Name:	Date:
Address:	City/State/ZIP:
Home Phone:	Mobile:
Email:	

Cat's Name:	Age or Date of Birth:
Breed/Description:	Reason for Surrender:
Sex: <input type="checkbox"/> Spayed Female <input type="checkbox"/> Neutered Male <input type="checkbox"/> Un-spayed Female <input type="checkbox"/> Un-neutered Male	How did you get the cat: <input type="checkbox"/> Adopted from JPR <input type="checkbox"/> Adopted from Shelter/Rescue <input type="checkbox"/> Gift from Friend/Family <input type="checkbox"/> Purchased from Store/Breeder <input type="checkbox"/> Stray (Date Found: _____) <input type="checkbox"/> Feral
When did you get the cat:	Cat currently lives: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both
If surrendering a litter of kittens, would you like low-cost spay/neuter information: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Medical Information	
Does the cat have a primary care vet: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Do you have records: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of vet or clinic: Phone Number:	Describe any medical conditions:
Current on rabies vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <input type="checkbox"/> Tags Present <input type="checkbox"/> No Tags	Tested for Feline Leukemia & Feline Immunodeficiency Virus (FeL/FIV): <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
Exposed to other cats since last FeL/FIV test: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current on flea preventative: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Last Given:
KITTENS: Boosters: Rd 1 Date: Rd 2 Date: Rd 3 Date:	Declawed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Personality & Temperament Information	
Good with children: <input type="checkbox"/> Yes <input type="checkbox"/> No	Litterbox trained: <input type="checkbox"/> Yes <input type="checkbox"/> No
Good with other cats: <input type="checkbox"/> Yes <input type="checkbox"/> No	Scratch furniture: <input type="checkbox"/> Yes <input type="checkbox"/> No
Good with dogs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever bitten anyone: <input type="checkbox"/> Yes <input type="checkbox"/> No
Anything else the new owners should know:	
Describe the ideal home for the cat:	
Items donated with the cat:	

By signing here, I am attesting to the truthfulness of my answers:

Signature:

Donation Amount:

If you are surrendering multiple cats please complete a separate form and send a separate picture for each cat.

Next Step: Email the completed form and a recent picture to JPR@jenniferspetrescue.com.