



CAT OWNER RELINQUISHMENT QUESTIONNAIRE/ MEDICAL HISTORY CONSENT FORM

Thank you for entrusting LWCC with the care of your beloved pet(s). This form is required for all Foster/Adoption agreements. A donation to the Laguna Woods Cat Club would be appreciated: \$ _____ (donation amount).

Make check payable to: **Laguna Woods Cat Club.**

Mail to: **Beverly Elwell, 3382 Punta Alta, Unit C, Laguna Woods, CA 92637.**

I, _____ (print name) give permission to the Laguna Woods Cat Club Foster Program to contact my Veterinarian and obtain my pet's medical history.

Owner's signature: _____ Date: _____

Owner's address: _____

Owner's email: _____ Owner's phone: _____

Club Representative's signature: _____ Date: _____

Please provide 1-3 good photos.

CAT'S NAME:	AGE:	SIZE (S, M, L), COLOR, BREED/MIX	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
HOUSEHOLD TYPE: <input type="checkbox"/> 1 CAT <input type="checkbox"/> MULTI-CAT	WHAT IS THE REASON FOR RELINQUISHING YOUR CAT?		

1. Is your cat spayed/neutered? Y N If YES, when? _____

2. Has he/she been given Rabies shots? YES NO When? _____

3. Is he/she current on vaccinations: FVRCP? YES NO When? _____

4. Has he/she been tested for FIV/FELV? YES NO When? _____

5. Is he/she microchipped? YES NO Chip # _____

6. When was your cat's last dental exam/cleaning? _____ How many teeth extracted? _____

7. Has he/she received flea treatments? YES NO When? _____

8. Where did you obtain your cat? _____ How long ago? _____

9. Are you the 1st owner? Y N If NO, how many owners? _____

10. What brand and kind of foods does your cat regularly eat?

11. Is your cat declawed? FRONT ONLY FRONT/BACK NOT DECLAWED

12. Where does your cat live? INSIDE OUTSIDE BOTH

13. Does your cat scratch furniture? OFTEN SOMETIMES NEVER



**CAT OWNER RELINQUISHMENT QUESTIONNAIRE/
MEDICAL HISTORY CONSENT FORM**

14. Does your cat use its litter box? ALWAYS SOMETIMES NEVER
15. What type of litter is used? SCENTED UNSCENTED CLUMPING BRAND _____
16. How many litter boxes does this cat have access to? _____
17. Does your cat get along with other cats? YES NO Dogs? YES NO Small children? YES NO
18. Does your cat have a scratching post? YES NO If YES, what kind? CARPET CARDBOARD
 SISEL WOOD
19. Has your cat ever seriously bitten/scratched anyone? YES NO If YES, how many times? _____

Describe the circumstances below (be specific):

20. What are some of your cat's favorite games, toys or activities?

21. Is your cat active? YES NO If YES, how much time per day? _____

22. How often would someone play with your cat? _____

23. Can your cat do any tricks? YES NO If YES, describe _____

24. Does your cat like to be groomed? YES NO Stroked? YES NO Picked up? YES NO

25. Who is your cat's current veterinarian? Provide Veterinarian name, hospital name and phone #:

Please attach all available medical records.

26. Does your cat have any current or past health issues? If so, please explain below or on reverse



**CAT OWNER RELINQUISHMENT QUESTIONNAIRE/
MEDICAL HISTORY CONSENT FORM**

Regarding the adoption process, I understand and agree to one of the following arrangements:

Please choose and sign one:

A. I agree to maintain my cat _____ at my residence until an adoption is completed. I will allow Laguna Woods Cat Club to advertise my cat and potential adopters will meet the cat in my home. I understand that I will be fully responsible for the care and well being of my cat as we proceed through this process. Adoptions are final.

Owner's signature _____

Date _____

B. I agree to relinquish my cat _____ to the Laguna Woods Foster Program. I voluntarily and irrevocably release him/her into foster care until he/she is adopted. I understand adoptions are final.

Owner's signature _____

Date _____

Revised on 03/07/2019