



## 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 minimum \$50.00 donation to the Laguna Woods Cat Club would be appreciated: \$ \_\_\_\_\_ (donation amount).  
Make check payable to: **Laguna Woods Cat Club.**

Mail to: **Mary Whipple, 384-D Avenda Castilla, 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. Please provide your veterinarian's name, hospital name, and number.

\_\_\_\_\_  
\_\_\_\_\_

**2. It is the owner's responsibility to provide medical records indicating a recent exam and evidence of updated shots and treatments. In lieu of this, you are required to take your cat for a wellness exam, senior panel blood test, a flea treatment, and updated vaccinations.**

3. Is your cat spayed/neutered?  Y  N If YES, when? \_\_\_\_\_

4. Has he/she been given Rabies shots?  YES  NO When? \_\_\_\_\_

5. Is he/she current on vaccinations: FVRCP?  YES  NO When? \_\_\_\_\_

6. Has he/she been tested for FIV/FELV?  YES  NO When? \_\_\_\_\_

7. Is he/she microchipped?  YES  NO Chip # \_\_\_\_\_

8. When was your cat's last dental exam/cleaning? \_\_\_\_\_ How many teeth extracted? \_\_\_\_\_

9. Has he/she received flea treatments?  YES  NO When? \_\_\_\_\_



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10. Where did you obtain your cat? \_\_\_\_\_ How long ago? \_\_\_\_\_

11. Are you the 1st owner?  Y  N If NO, how many owners? \_\_\_\_\_

12. What brand and kind of foods (wet and dry) does your cat regularly eat?

\_\_\_\_\_

\_\_\_\_\_

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

14. Where does your cat live?  INSIDE  OUTSIDE  BOTH

15. Does your cat scratch furniture?  OFTEN  SOMETIMES  NEVER

16. Does your cat use its litter box?  ALWAYS  SOMETIMES  NEVER

17. What type of litter is used?  SCENTED  UNSCENTED  CLUMPING BRAND \_\_\_\_\_

18. How many litter boxes does this cat have access to? \_\_\_\_\_

19. Does your cat get along with other cats?  YES  NO Dogs?  YES  NO Small children?  YES  NO

20. Does your cat have a scratching post?  YES  NO If YES, what kind?  CARPET  CARDBOARD  
 SISEL  WOOD

21. Has your cat ever seriously bitten/scratched anyone?  YES  NO If YES, how many times? \_\_\_\_\_

Describe the circumstances below (be specific):

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

24. Is there anything else you'd like to add about this cat's temperament or health issues?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**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 \_\_\_\_\_**