

### **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 \$75.00 Relinquishment Fee is required. We would appreciate an additional donation to cover the cost of unexpected veterinary care. Make check payable to: Laguna Woods Cat Club.

Mail to: Steve Tepper, 722 Avenida Majorca, Unit A, Laguna Woods, CA 92637.

Ι,	(print name) give permission to th	e Laguna Woods Cat Club Foster			
Program to contact my veterina	rian 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 or DoB   WEIGHT   BREED	GENDER:			
		□M□F			
HOUSEHOLD TYPE:	WHAT IS THE REASON FOR RELINQUISHING YOUR CAT?				
□1 CAT □ MULTI-CAT					
	sibility to provide medical records indicating a reconstance of this, you are required to take you	ent exam and evidence of			
-	a flea treatment, and updated vaccinations.	,			
3. Is your cat spayed/neutered?	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?					
'. Is he/she microchipped? □ YES □ NO Chip #					
8. When was your cat's last der	. When was your cat's last dental exam/cleaning?How many teeth extracted?				
9. Has he/she received flea trea	. Has he/she received flea treatments? □ YES □ NO When?				



#### LAGUNA WOODS CAT CLUB Foster & Adoption Program

# CAT OWNER RELINQUISHMENT QUESTIONNAIRE/ MEDICAL HISTORY CONSENT FORM

10.	10. Where did you obtain your cat?		How	long ago?		
11.	Are you the 1st owner? $\Box$ Y $\Box$	N If NO, how m	nany owners?			
12.	12. What brand and kind of foods (wet and dry) does your cat regularly eat?					
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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.	19. Does your cat get along with other cats? $\square$ YES $\square$ NO $\square$ Dogs? $\square$ YES $\square$ NO $\square$ Small children? $\square$ YES $\square$ NO					
20.	20. Does your cat have a scratching post? $\Box$ YES $\Box$ NO If YES, what kind? $\Box$ CARPET $\Box$ CARDBOARD					
				□ SISEL □ WOOD		
21.	21. Has your cat ever seriously bitten/scratched anyone?   YES  NO If YES, how many times?					
	Describe the circumstances below (be specific):					
	Does your cat bite/scratch you of	ten?				
22.	What are some of your cat's favo	rite games, toys o	or activities?			
23	23. Does your cat like to be groomed? $\square$ YES $\square$ NO Stroked? $\square$ YES $\square$ NO Picked up? $\square$ YES $\square$ NO					
24	24. Is there anything else you'd like to add about this cat's temperament or health issues?					

Please use other side to provide more information.



#### LAGUNA WOODS CAT CLUB Foster & Adoption Program

## CAT OWNER RELINQUISHMENT QUESTIONNAIRE/ MEDICAL HISTORY CONSENT FORM

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

Ple	ease 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 proces				
	Adoptions are final.				
Own	er's signature				
Date					
В.	I agree to relinquish my cat	to the Laguna Woods			
	Foster Program. I voluntarily and irrevocably r	elease him/her into foster care until			
	he/she is adopted. I understand adoptions are	final.			
Own	er's signature				
Date					