	ODS CA	T CLUB			
Foster & Adop CAT O	NNER	RELINQUISHMENT QUESTI MEDICAL HISTORY CONSE			
A minimum \$50.00 donation to the Make check payable to: Laguna W	Laguna V /oods Ca t	of your beloved pet(s). This form is required for all Voods Cat Club would be appreciated: <u>\$</u> t Club. ida Majorca, Unit A, Laguna Woods, CA 9263	(donat	-	
I, Program to contact my Veterinaria		(print name) give permission to the La ain my pet's medical history.	ıguna Woods	Cat Club Foster	
Owner's signature: Date:					
Owner's address:					
	Owner's phone:				
Club Representative's signature:		Da	ate:		
Please provide 1-3 good photos.					
CAT'S NAME:	AGE:	SIZE (S, M, L), COLOR, BREED/MIX	G	GENDER:	
HOUSEHOLD TYPE:	WHAT IS THE REASON FOR RELINQUISHING YOUR CAT?				
1. Please provide your veterinari	an's name	e, hospital name, and number.			
-		rovide medical records indicating a recent lieu of this, you are required to take your c			
senior panel blood test, a f	lea treat	ment, 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 vaccinatic	ons: FVR0	CP? 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?

LAGUNA WOODS CAT CLUB Foster & Adoption Program

CAT OWNER RELINQUISHMENT QUESTIONNAIRE/ MEDICAL HISTORY CONSENT FORM

10. Where did you obtain	your cat?	How long ago?				
11. Are you the 1st owner? \Box Y \Box N \Box 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	CK	ED		
14. Where does your cat liv	/e? □ INSIDE		□ BOTH			
15. Does your cat scratch f	urniture? 🗆 OFTEN		S 🗆 NEVER			
16. Does your cat use its li	tter box? 🛛 ALWAY	S 🗆 SOMETIME	S 🗆 NEVER			
17. What type of litter is us	sed?	ED 🗆 UNSCENT	D 🗆 CLUMPING	BRAND		
18. How many litter boxes	does this cat have ac	cess to?				
19. Does your cat get along	g with other cats? $\ \square$	YES 🗆 NO Dogs?	□ YES □ NO Small	children? 🗆 YES 🗆 NO		
20. Does your cat have a s	cratching post?	YES 🗆 NO If YES, v	vhat kind? 🗆 CARPE	T 🗆 CARDBOARD		
21. Has your cat ever serio	usly bitten/scratched	anyone? 🗆 YES 🗆 N	IO If YES, how many	times?		
Describe the circumsta	nces below (be specif	ïc):				
22. What are some of your cat's favorite games, toys or activities?						
23. Does your cat like to be groomed? YES INO Stroked? YES INO Picked up? YES INO						
24. Is there anything else you'd like to add about this cat's temperament or health issues?						

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:

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 _____