



Today's Date _____

Animal ID (staff use only) _____

Please complete this form to the best of your ability. Your answers will help us get to know the animal and give us some background information. This will ensure that we are able to place the animal in a new home that is best matched with their personality and needs.

Owner Information

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Animal Information

Name: _____ Breed: _____ Color(s): _____

Age: _____ Date of Birth (If Known): _____ Sex: Male Female

Spayed/ Neutered: Yes No Unknown Declawed: None Front Only Both Microchipped: Yes No

History

How long has this cat lived with you? _____ Where did you obtain the cat? _____

Please explain why you are relinquishing your cat: _____

Health

Is your cat current on vaccinations? Yes No Veterinary Clinic Name: _____

Does your cat have any medical concerns? Yes No If yes, please explain: _____

Does your cat have dietary restrictions? Yes No If yes, please explain: _____

Habits

Where does your cat spend most of his/her time? _____

Is your cat allowed outside? Yes No How often is your cat allowed outside? _____

Has your cat ever escaped from the house? Yes No If yes, please explain how: _____

What brand of food does your cat eat? _____ Does your cat eat: Wet food Dry food Both

Does your cat consistently use his/her litter box? Yes No

If no, are the cat's issues with: Urination out of box Defecation out of the box Both

How long, if applicable, has the cat had litter box issues? _____

Behavior

What is your cat's favorite activity or toys? _____

How does your cat generally greet strangers in the home? _____

Does your cat hunt mice or other small animals? _____

Does your cat know any commands/tricks? _____

Does your cat allow you and/or anyone to pick it up? _____

Is your cat sensitive about being touched or handled in any way? Yes No

If yes, please explain: _____

How does your cat behave at the vet? _____

Has your cat had any experience with children? What ages? _____

Would you recommend that your cat be placed in a home with children? Yes No

If no, please explain why: _____

Has your cat had experience with other animals? What kind? _____

Would you recommend that your cat be placed in a home with other animals? Yes No

If no, please explain why: _____

Has your cat been destructive in the home? Yes No

If yes, please explain: _____

Has your cat ever swatted at you or anyone else? Yes No

If yes, please explain the incident(s) _____

Has your cat ever bitten you or anyone else? Yes No

If yes, please explain the incident(s) _____

Did the bite(s) break the skin? Yes No

Has your cat bitten and broken the skin on anyone in the past 10 days? Yes No

Has your cat ever shown any other form of aggression towards you or anyone else? Yes No

If yes, please explain: _____

What does your cat do when it is frightened? _____

Please explain any behaviors that the new adopters will need to be aware of, and under what circumstances they may happen: _____

What makes your cat a good candidate for adoption? _____

Policy Statement- Animals Received from Owners- Please Read Carefully
(Initial areas below)

____ I represent and warrant that I am the lawful owner of the Animal(s), and I have full power and authority to surrender the Animal(s) to SHHS. No other person has any legal or equitable ownership interest in the Animal(s).

____ I further acknowledge that I am releasing the Animal(s) completely voluntarily and that no representations, considerations or promises of any kind have been made to me by SHHS or any of its representatives.

____ I understand that by releasing the Animal(s) to SHHS, I relinquish all ownership or other interest in the Animal(s). I will not seek further information about the Animal(s) and will not press SHHS for details. My contact with the Animal(s) terminates at the time of surrender. SHHS is under no obligation whatsoever to follow up with information about the Animal(s).

____ I hereby release and forever discharge SHHS from any and all rights, claims, obligations, liabilities, and causes of action whatsoever arising out of or relating to the ownership, possession, or disposition of the Animal(s), and I agree to indemnify and hold harmless SHHS from and against any and all such rights, claims, obligations, liabilities, and causes of action which may be asserted by third parties.

Signature _____ **Date** _____



For Staff Use

Intake Jurisdiction: Kenosha Brighton Bristol Paddock Lake Paris Pleasant Prairie Randall Salem
Silver Lake Somers Trevor Twin Lakes Union Grove Wheatland Outside of Jurisdiction(Mgr Initial____)

Name: _____ Cage #: _____ Age: _____ Breed: _____ Color(s): _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No Microchip Scan by: _____ Date: _____ Microchip: <input type="checkbox"/> Yes <input type="checkbox"/> No #: _____ Asilomar: <input type="checkbox"/> Healthy <input type="checkbox"/> Treatable-Rehabilitatable <input type="checkbox"/> Treatable-Manageable <input type="checkbox"/> Unhealthy/ Untreatable Declawed: <input type="checkbox"/> None <input type="checkbox"/> Front Only <input type="checkbox"/> Both Other: _____ Animal ID: _____	Name: _____ Cage #: _____ Age: _____ Breed: _____ Color(s): _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No Microchip Scan by: _____ Date: _____ Microchip: <input type="checkbox"/> Yes <input type="checkbox"/> No #: _____ Asilomar: <input type="checkbox"/> Healthy <input type="checkbox"/> Treatable-Rehabilitatable <input type="checkbox"/> Treatable-Manageable <input type="checkbox"/> Unhealthy/ Untreatable Declawed: <input type="checkbox"/> None <input type="checkbox"/> Front Only <input type="checkbox"/> Both Other: _____ Animal ID: _____
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