

Owned Cat Surrender Form



I confirm that this cat(s) is owned by me, or that I am acting under direction from the owner, and that by completing and signing this declaration, I am signing all claim of ownership to Cat Haven. I am aware that this cat(s) could be euthanased today. If my cat(s) is euthanased by Cat Haven I **AGREE / DO NOT AGREE** (circle one) to the body being transferred to Murdoch University School of Veterinary and Biomedical Sciences for the sole purpose of training veterinary students and veterinarians. **INITIAL** _____

I understand that Cat Haven is now responsible for any decisions relating to the welfare of this cat, including rehoming and euthanasia. In addition, I am aware that no further discussion will be entered into and that the outcome relating to this cat will not be made available to me.

Cat Haven has a fee for this service. Additionally, a fully tax deductible donation is greatly appreciated to ensure that this service can continue.

Signature: _____ Date: _____ Fee: \$ _____ Fee Receipt # _____ Donation: \$ _____

Please tick the appropriate box:

Surrendered at Cat Haven, No appointment **Fee: \$100**

Surrendered at Cat Haven **Fee: \$50 per cat**

Surrendered at Pet Magic As an agent for Cat Haven **Fee: \$50 per cat**

Surrendered to Cat Haven Ranger **Fee: \$100 + \$10 per cat**

Owner's Details:

ShelterMate Person ID: _____

First Name: _____

Last Name: _____

Street Address: _____

Suburb: _____

Council: _____ Postcode: _____

Phone (H): _____ Mobile: _____

Email: _____

Office Use Only
Personal ID Verified? Yes/No
Type of ID:

Brought in by:

First Name: _____

Last Name: _____

Street Address: _____

Suburb: _____

Council: _____ Postcode: _____

Phone (H): _____ Mobile: _____

Email: _____

Office Use Only
Personal ID Verified? Yes/No
Type of ID:

Cat 1 (PTO for Cats 2&3)

ShelterMate Cat ID: _____

Name: _____

DOB: _____ Or Age in: Years: ____ Months: ____ Weeks: ____

Breed: _____ Colour: _____

Please tick the appropriate boxes:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Sterilised | <input type="checkbox"/> Unsterilised |
| <input type="checkbox"/> Tattoo | <input type="checkbox"/> No Tattoo |
| <input type="checkbox"/> Microchipped | <input type="checkbox"/> Not Microchipped |
| <input type="checkbox"/> Vaccinated | <input type="checkbox"/> FIV Vaccinated |
| | <input type="checkbox"/> Not Vaccinated |

Please tick if your cat is good with:
 Children
 Other cats
 Dogs

Date of last vaccination: _____ Name of Vet Clinic: _____

Does the cat have any behavioural issues? **Y/N** Please describe: _____

Why are you surrendering this cat? _____

Have the 2012 Laws regarding compulsory microchipping sterilisation influenced your decision to surrender this cat? **Y / N** **PTO**

Cat 2

ShelterMate Cat ID:

Name:

DOB:

Or Age in: Years: ___ Months: ___ Weeks: ___

Breed:

Colour:

Please tick the appropriate boxes:

- Male
- Sterilised
- Tattoo
- Microchipped
- Vaccinated
- Female
- Unsterilised
- No Tattoo
- Not Microchipped
- FIV Vaccinated

Please tick if your cat is good with:

- Children
- Other cats
- Dogs

Not Vaccinated

Date of last vaccination:

Name of Vet Clinic: _____

Does the cat have any behavioural issues? **Y/N** Please describe:

Why are you surrendering this cat?

Have the 2012 Laws regarding compulsory microchipping sterilisation influenced your decision to surrender this cat? **Y / N**

Cat 3

ShelterMate Cat ID:

Name:

DOB:

Or Age in: Years: ___ Months: ___ Weeks: ___

Breed:

Colour:

Please tick the appropriate boxes:

- Male
- Sterilised
- Tattoo
- Microchipped
- Vaccinated
- Female
- Unsterilised
- No Tattoo
- Not Microchipped
- FIV Vaccinated

Please tick if your cat is good with:

- Children
- Other cats
- Dogs

Not Vaccinated

Date of last vaccination:

Name of Vet Clinic: _____

Does the cat have any behavioural issues? **Y/N** Please describe:

Why are you surrendering this cat?

Have the 2012 Laws regarding compulsory microchipping sterilisation influenced your decision to surrender this cat? **Y / N**

Office Use Only:

Data Entered By: _____

Data Verified By: _____

Hold Term: