

Paris Animal Welfare Society, Inc. Location: _____
OWNER SURRENDER FORM – CAT(S) ID # _____

Please Print:

Name: _____ Date: _____

Address: _____

City: _____ State _____ County _____

Home Phone: _____ Work Phone _____

Cell Phone: _____ Email Address _____

Name of Cat _____ Age _____ Breed/Color _____

Circle One:

Male or Female

Long/Short Hair

Spayed or Neutered (fixed)

How long have you had the cat? _____

Where did you get the cat? _____

WHY ARE YOU GIVING UP THIS CAT? _____

Who is your Vet? _____ Date of last vaccinations? _____

Did the cat live inside or outside or both? _____

Is the cat housetrained? _____ Is the cat declawed? _____

Does the cat **have any medical conditions?** If so, please list _____

Has the cat been around children? Yes or No What ages? _____

How does the cat behave with children? _____

Has the cat been around dogs? Yes or No If yes, how did they interact? _____

Please list any additional info that will help us find the cat a new home _____

SURRENDER CONDITIONS: I, as the owner, hereby relinquish all ownership rights to the animal(s) described above to P.A.W.S. Animal Shelter for attempted adoption or euthanasia at their discretion. I understand the animal(s) stated above will become the property of P.A.W.S. immediately and there is no set holding period. I understand my ownership rights are terminated and I cannot reclaim the animal(s) and no information will be given to me concerning the animal's status. I certify to the best of my knowledge that said animal(s) has not bitten anyone in the last 14 days.

Signature of Owner _____ Driver's License _____ Photo ID _____

Staff Signature _____ Date and Time _____