## 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

Surrendered at Cat Haven Fee: \$50/cat rehoming and euthanasia. In addition, I am aware that no further discussion will be entered into and that the Surrendered at Pet Magic outcome relating to this cat will not be made available to me. as an agent for Cat Haven Cat Haven has a fee for this service. Additionally, a fully tax deductible donation is greatly appreciated to ensure Fee: \$50/cat that this service can continue. Surrendered to Cat Haven Ranger Fee: \_\_\_\_ Fee Receipt: #\_\_ Donation: \$ Signature: Fee: \$60 + \$20/cat ShelterMate Person ID: Official Use Only **Owner's Details** Personal ID Verified? Yes / No First Name: Type of ID: Last Name: Street Address: Suburb: Council: Postcode: Mobile: Phone: Email: Official Use Only Brought in by First Name: Personal ID Verified? Yes / No Type of ID: Last Name: Street Address: Suburb: Council: Postcode: Mobile: Phone: Email: ShelterMate Cat ID: (PTO for Cats 2 & 3) Cat 1 Cat's Name: Months Weeks or Age in Years: \_\_\_ DOB: Colour: Breed: Please tick the appropriate boxes Please tick if your cat is good with: Ćhildren Female Male Other cats Unsterilised Sterilised No Tattoo Dogs Tattoo Micro-chipped Not Micro-chipped Not Vaccinated **FIV Vaccinated** Vaccinated Name of Vet Clinic If yes, date of last Vaccination Please describe: Does this cat have any behavioural problems?

Why are you surrendering this cat? Have the 2012 Laws regarding compulsory microchipping and sterilisation influenced your decision to surrender this cat?

Data entered by: Official Use:

Data verified by: \_\_\_

HOLD TERM:

20/7/2013

Nο

Yes

		ShelterMate Cat ID:
Cat 2		
Cat's Name:		
DOB: // //	or Age in Years: Months	s Weeks
Proof:	Colour:	
Breed:	Colour.	
Please tick the appropriate boxes		
Male	Female Please tick	k if your cat is good with: Children
Sterilised	Unsterilised	Other cats
Tattoo	No Tattoo	
Talloo	No Tatioo	Dogs
Micro-chipped	Not Micro-chipped	# 8 H *
Vaccinated	FIV Vaccinated Not Vaccinated	
If yes, date of last Vaccination	Name of Vet Clinic	4
	Please describe:	
Does this cat have any behavioural problems?	Trease descripe.	and the second
Why are you surrendering this cat?		
Have the 2012 Laws regarding compulsory microchipping and sterilisation influenced your decision to surrender this cat?  Yes No		
*		
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Cat 3	e de la companya de l	ShelterMate Cat ID:
Cat 3 Cat's Name:		ShelterMate Cat ID:
	or Age in Years: Months	
Cat's Name:	or Age in Years: Months  Colour:	
Cat's Name:  DOB: / / /	Colour:	Weeks
Cat's Name:  DOB: / / /  Breed:	Colour:	
Cat's Name:  DOB: / / /  Breed: Please tick the appropriate boxes	Colour: Please tick	Weeks wif your cat is good with:
Cat's Name:  DOB: / / /  Breed:	Colour: Please tick	Weeks  wif your cat is good with: Children
Cat's Name:  DOB: / / /  Breed: // /  Please tick the appropriate boxes  Male  Sterilised  Tattoo	Colour:  Please tick  Female  Unsterilised  No Tattoo	Weeks  wif your cat is good with: Children Other cats
Cat's Name:  DOB: / / /  Breed: / /  Please tick the appropriate boxes  Male  Sterilised  Tattoo  Micro-chipped	Please tick  Please tick  Unsterilised  No Tattoo  Not Micro-chipped	Weeks  wif your cat is good with: Children Other cats
Cat's Name:  DOB: / / /  Breed: // /  Please tick the appropriate boxes  Male  Sterilised  Tattoo	Colour:  Please tick  Female  Unsterilised  No Tattoo	Weeks  weeks  wif your cat is good with: Children Other cats Dogs
Cat's Name:  DOB: / / /  Breed: / /  Please tick the appropriate boxes  Male  Sterilised  Tattoo  Micro-chipped	Please tick  Please tick  Unsterilised  No Tattoo  Not Micro-chipped	Weeks  wif your cat is good with: Children Other cats
Cat's Name:  DOB: / / /  Breed: / /  Please tick the appropriate boxes  Male  Sterilised  Tattoo  Micro-chipped  Vaccinated	Please tick  Please tick  Vaccinated  Not Vaccinated  Not Vaccinated	Weeks  weeks  wif your cat is good with: Children Other cats Dogs
Cat's Name:  DOB: // /  Breed: // /  Please tick the appropriate boxes  Male  Sterilised  Tattoo  Micro-chipped  Vaccinated  If yes, date of last Vaccination  Does this cat have any	Please tick  Female  Unsterilised  No Tattoo  Not Micro-chipped  FIV Vaccinated  Name of Vet Clinic	Weeks  weeks  wif your cat is good with: Children Other cats Dogs