



## PET SEARCH

PO Box 1653

Washington PA 15301

Office: 724.228.7335 Fax 724.225.2004

[www.petsearchpa.org](http://www.petsearchpa.org) [info@petsearchpa.org](mailto:info@petsearchpa.org)

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### **SURRENDER A CAT – INFORMATION FORM**

*Pet Search has a limited capacity based on our number of foster homes and the number of open vet appointments available to us.*

*Additionally, we rely entirely on donations to support what we do!*

*Please fill in the information below to help us determine if we have room to accept an animal.*

**Please PRINT when filling out the form.**

#### **YOUR INFORMATION:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

#### **CAT'S INFORMATION:**

Age of cat (If known) \_\_\_\_\_ Gender? \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Color/markings \_\_\_\_\_

FIV/FELV Tested? \_\_\_\_\_

*\* Please note: all cats must be tested prior to entering a Pet Search foster home to protect our foster cats from transmitted disease.*

Date of rabies vaccination \_\_\_\_\_

Gets along with dogs, cats, and children? (If known) \_\_\_\_\_

How long have you owned the cat? \_\_\_\_\_

Any known health issues and/or medications? \_\_\_\_\_

Reason for surrender? \_\_\_\_\_

Anything else we should know? \_\_\_\_\_