Homeless Animal Rescue Team

Relinquishment Request

ivallie	Cat	S Hallie		
Contact number:	Email:			
Address:				
Address where cat found (if differen	t from above):			
Are you the owner? Yes No				
Found by whom:		Date found:		
# Cats /Kittens A	approximate Age &	Sex:		
Please check one: Adult(s) only	Kitten(s) only	Kitten(s) & Mom	Mom on	ly
Description – Breed/Color:				
Temperament:			Feral: Yes	No
Health Issues:				
Spayed/Neutered: Yes No Vac	ccination dates: FR\	/CP: Ra	bies:	
Date placement needed by:				
Reason for relinquishment:				
Are you willing to foster the cat/kit	tten/litter if needed	?		
Have you reached out to any other	rescue shelters?			
Additional information				
Signature:		Date:		

