

P.O. Box 207 Toast, NC 27049, tinytigersrescue@hotmail.com

Please answer the questions completely and truthfully.

This will help us find the best home for your pet. The answers will not count against you or the animal but help prevent an animal from being misplaced a second time.

| Pet Name: | Age | /Birthdate: | | |
|---|--|--|--|--|
| Breed: | Color/Markin | gs: | | |
| Have you had this cat since it wa | s a kitten? | | | |
| If no, where did you get it and w | hat age? | | | |
| Is this animal good with: Dogs? _ | Cats? | Children? (please | specify age) | |
| Spayed/Neutered? | Date: | Vet | : | |
| Shots/Dates: | | | | |
| Preventatives Used/Dates: | | | | |
| Medications and Medical Condit | ions: | | | |
| House Trained/Litter Box trained | ? | | | |
| Food Used? | | Treats? | | |
| Special Dietary Needs: | | | | |
| Is your home: noisy | _active | quiet | average | |
| Cat's personality traits: | | | | |
| Has your pet bitten anyone with | in the last 10 days | ? (circle one): YES | NO | |
| Please initial the agreements l | pelow. | | | |
| or another animal other I hereby reli representative. After I ha I agree to giv pertaining to this pet. I h time of relinquishment. I Print Name: Address: | than what has bee nquish all claim an ave signed this agre ve Tiny Tigers Rescu ave disclosed all m verify that all state | n disclosed to Tiny d ownership of said eement, I cannot re ue all paperwork an edical, physical, or ements are true an | d animal to Tiny Tigers Res eclaim this pet. nd medical records and an hereditary problems that ad accurate according to m | scue and/or the any other materials are known to me at the y knowledge. |
| Phone: | | | | |
| ID Number (Drivers Licen | | | | |

_____ Date: _____

Tiny Tigers Rescue Director/Volunteer: _____

Signature: _____