



Kingdom Animal Shelter Surrender Form

Cat Name: _____ Date: _____ Color: _____

Sex (Select One): Male Female Unknown Approximate Age: _____

Location of Surrender (Select One):

- | | |
|--------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Western Ave Veterinary Clinic | <input type="checkbox"/> East Haven Veterinary Clinic |
| <input type="checkbox"/> St. Johnsbury Animal Hospital | <input type="checkbox"/> Kingdom Animal Shelter |
| <input type="checkbox"/> Danville Animal Hospital | <input type="checkbox"/> Other: _____ |

Previous History:

Stray Owned Town cat resided in: _____

Previous Owner: _____

Previous Food: _____

Housing (Select One): Indoor Outdoor Indoor/Outdoor

Veterinary History:

Previous Veterinarian(s) _____

ITEM	YES	NO	UNKNOWN	DATE (if known)
Spayed/Neutered				
Rabies Vaccine				
Distemper Vaccine				
Vet Records Provided				

Reason for Surrender: _____

What else would you like us to know about this cat? _____

I confirm that I, and/or my spouse and/or co-owners, if any, am irrevocably transferring and relinquishing legal ownership of this animal to Kingdom Animal Shelter, thus giving complete authority to Kingdom Animal Shelter to take whatever actions in its sole judgment are necessary and are in the best interest of the animal.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Phone Number(s): _____

Kingdom Animal Shelter Representative: _____