



3901 Martha Truman Rd  
Kansas City, MO 64137  
816-761-8151

## OWNER RELINQUISHMENT FORM

(Please Print Clearly)

Pet Owner's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Gender: \_\_\_\_\_

It is the goal of Wayside Waifs to place as many animals as possible into adoptive homes. Unfortunately, not all animals are deemed appropriate for adoption. Animals entering our facility are behaviorally evaluated/observed prior to being made available for adoption in an effort to ensure, inasmuch as possible, that we are not sending aggressive animals into the community. In addition, animals are given a physical examination in an effort to ensure healthy animals are made available for adoption.

We cannot project or make any guarantee (direct or implied) whether the pet you are relinquishing will be adopted, even if the animal has been deemed appropriate for adoption. We make decisions based on what we believe to be in the best interest of all of the animals in our facility, taking into consideration many factors including the animal's health, age, temperament, available recourses etc. Animals who are determined not to be appropriate for adoption are humanely euthanized (put to death).

To the best of your knowledge, has your pet bitten or scratched anyone in the past ten days?

No  Yes If yes, please explain: \_\_\_\_\_

### Terms and Conditions:

1. I am the owner of this pet. No other person has any ownership/guardianship rights to this pet.
2. I hereby surrender my pet to Wayside Waifs, Inc. for disposition at the sole discretion of shelter staff.
3. I understand that disposition may be through adoption, fostering, or euthanasia and that no assertions can be made regarding the possibility or likelihood of adoption. \_\_\_\_\_ Owner's Initials
4. **I UNDERSTAND THAT NO STAFF PERSON WILL BE IN CONTACT WITH ME REGARDING THE DISPOSITION OF MY PET, REGARDLESS OF WHETHER DISPOSITION IS THROUGH ADOPTION, FOSTERING, OR EUTHANASIA.** \_\_\_\_\_ Owner's Initials
5. I understand that Wayside Waifs staff cannot make agreements or commitments that deviate from what is stated on this release form.
6. If I decide to reclaim my pet, I understand that there will be a \$60.00 reclaim fee in addition to a \$17.50 per day boarding charge.
7. **I understand that disposition (through foster, adoption or euthanasia) may occur immediately after relinquishment.** \_\_\_\_\_ Owner's Initials
8. **In signing this form, I am relinquishing sole ownership of my animal to Wayside Waifs effective immediately.** The animal will belong to Wayside Waifs and disposition will be at their discretion.

By signing, I am agreeing to and understand the terms and conditions of this release form. Further, I am acknowledging that all information I have provided is complete and accurate.

\_\_\_\_\_  
Owner Printed Name / Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Wayside Staff Signature

\_\_\_\_\_  
Date



### **Wayside Waifs Feline Intake Questionnaire**

*Please complete this form as thoroughly and honestly as possible. The purpose of this form is to place your cat in the most appropriate home. Behavior and medical issues do not always create problems in placement, however, not disclosing those problems does.*



Please understand that it is the goal of Wayside Waifs to get as many animals adopted into permanent, responsible homes as possible. All animals are behaviorally evaluated/observed prior to being made available for adoption in an effort to ensure, inasmuch as possible, that we are not sending aggressive animals into the community. Animals are also given a physical examination in an effort to ensure healthy animals are made available for adoption.

Unfortunately, not all animals are deemed appropriate for adoption and even those who are made available don't always get adopted. We make decisions based on what we believe to be in the best interest of the animals, taking into consideration many factors including health, age, temperament, available space, etc. Although some animals who are brought to Wayside Waifs do get adopted, inevitably many animals are humanely put to death (euthanized). We cannot project whether the pet you are relinquishing will be adopted or not. We can only commit to doing what we believe to be in the best interest of all Wayside animals.



**General History:**

Why are you surrendering your pet today? \_\_\_\_\_

Are you aware of our free behavior helpline service that provides you with resources and advice to help correct behavior problems?  No  Yes

If we could help you resolve the issues surrounding the surrender of your pet would you be interested in keeping your animal? \_\_\_\_\_

**If yes, please stop here and speak with a member of our receiving staff.**

Cat's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age or approximate age: \_\_\_\_\_ How old was this cat when you acquired it? \_\_\_\_\_

Is this cat a  Male  Female  Unsure

Has this cat been spayed or neutered?  Yes  No  Unsure

Has this cat been microchipped?  Yes  No  Unsure

Has this cat been declawed?  No  Yes-front  All four declawed

If yes, when was this cat declawed  As a kitten  As an adult  Unsure

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

Including your home, how many homes has this cat had? \_\_\_\_\_

Where did you acquire this cat?

Wayside Waifs  Another shelter  Found as a stray

Friend/Relative  Pet store  Breeder

Free-to-good-home ad  Born in my home  Other \_\_\_\_\_

**Medical History:**

Did this pet receive annual exams by a veterinarian?  Yes  No  Unsure

Name of Veterinarian: \_\_\_\_\_

Is this cat current on his/ her rabies vaccination?  Yes  No  Unsure

Does this animal have any medical problems or previous injuries that require special attention or a special diet?  Yes  No  Unsure

Explain: \_\_\_\_\_

Please check all conditions that your cat has been diagnosed with or has been treated for:

Allergies  Urinary Tract Infection  Upper Respiratory Infection

Epilepsy/Seizures  Thyroid Disease  Skin Problems

Ringworm  Diabetes  Organ Failure

Heart murmur  FIV  Feline Leukemia

Obesity  Other: \_\_\_\_\_

Personality Profile:

Check all traits that best describe your feline friend's personality:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Very energetic | <input type="checkbox"/> Shy to strangers    | <input type="checkbox"/> Shy with some family members            |
| <input type="checkbox"/> Talkative      | <input type="checkbox"/> Playful             | <input type="checkbox"/> Friendly/affectionate to family members |
| <input type="checkbox"/> Independent    | <input type="checkbox"/> Affectionate        | <input type="checkbox"/> Lap cat – loves attention               |
| <input type="checkbox"/> Fearful        | <input type="checkbox"/> A loner             | <input type="checkbox"/> Stubborn                                |
| <input type="checkbox"/> Goofball       | <input type="checkbox"/> Lazy – Couch Potato | <input type="checkbox"/> Other _____                             |

What's your cat's most favorite style of play (check all that apply)?

- |   |  |
|---|--|
| <input type="checkbox"/> Very gentle                              | <input type="checkbox"/> Enjoys playing hide-and-peek                    |
| <input type="checkbox"/> Likes to play with other cats            | <input type="checkbox"/> Likes to play with dogs                         |
| <input type="checkbox"/> Will learn tricks for treats             | <input type="checkbox"/> VERY energetic and rambunctious                 |
| <input type="checkbox"/> Doesn't show a great interest in playing | <input type="checkbox"/> Likes to play chase or pounce with certain toys |
| <input type="checkbox"/> Other: _____                             |  |

Lifestyle & Home Life

Was this cat (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Indoors only            | <input type="checkbox"/> Outdoors only  | <input type="checkbox"/> In the garage or basement       |
| <input type="checkbox"/> Indoors in cold weather | <input type="checkbox"/> Indoor/Outdoor | <input type="checkbox"/> Out during the day, in at night |
| <input type="checkbox"/> Other _____             |   |  |

Did this cat have access to

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> all areas of the home | <input type="checkbox"/> certain rooms only | <input type="checkbox"/> Other _____ |
|--|---|--------------------------------------|

Where did your cat enjoy spending most of his or her time?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Living room/den    | <input type="checkbox"/> Kitchen       | <input type="checkbox"/> Bedroom             |
| <input type="checkbox"/> Garage or basement | <input type="checkbox"/> At the window | <input type="checkbox"/> Wherever people are |
| <input type="checkbox"/> Bathroom           | <input type="checkbox"/> Hiding        | <input type="checkbox"/> Other _____         |

If this cat has lived with other cats, how did they interact? (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Very affectionate          | <input type="checkbox"/> Playful and energetic | <input type="checkbox"/> Groomed one another      |
| <input type="checkbox"/> Slept near one another     | <input type="checkbox"/> Peacefully coexisted  | <input type="checkbox"/> Ignored each other       |
| <input type="checkbox"/> Fought without injuries    | <input type="checkbox"/> Played too rough      | <input type="checkbox"/> Caused each other stress |
| <input type="checkbox"/> Was picked on by other cat |  |   |
| <input type="checkbox"/> Other _____                |  |   |

If this cat lived with dogs, how did they interact? (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adored each other             | <input type="checkbox"/> Avoided each other   | <input type="checkbox"/> Cat feared dog         |
| <input type="checkbox"/> Dog chased cat                | <input type="checkbox"/> Peacefully coexisted | <input type="checkbox"/> Caused this cat stress |
| <input type="checkbox"/> Played nicely with each other | <input type="checkbox"/> Cat tormented dog    | <input type="checkbox"/> Slept near each other  |
| <input type="checkbox"/> Fought without injury         | <input type="checkbox"/> Played too rough     | <input type="checkbox"/> Other _____            |

Has this cat regularly been around children?  Yes  No  Not Sure

If yes, please indicate the age range of children:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> 0-2 years old | <input type="checkbox"/> 2-5 years old | <input type="checkbox"/> 6-10 years old | <input type="checkbox"/> 11-18 years old |
|--|--|---|--|

How this cat and the children interact? (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Ignored each other   | <input type="checkbox"/> Mutual affection        | <input type="checkbox"/> Cat and child played together |
| <input type="checkbox"/> Child chased the cat | <input type="checkbox"/> Cat was afraid of child | <input type="checkbox"/> Child played too rough w/cat  |
| <input type="checkbox"/> Other _____          |  |  |

This cat seems most comfortable with:

- |                                    |  |                                   |  |  |
|------------------------------------|--|-----------------------------------|--|--|
| <input type="checkbox"/> Women     | <input type="checkbox"/> Men             | <input type="checkbox"/> Children | <input type="checkbox"/> Other animals | <input type="checkbox"/> Senior citizens |
| <input type="checkbox"/> Teenagers | <input type="checkbox"/> Loves everyone! |                                   |  |  |

What would you describe to be the "perfect" home for your cat? \_\_\_\_\_

Tell us your most favorite characteristic about your cat. \_\_\_\_\_

Does your cat have any behaviors, quirks or habits that you are not fond of? (please describe in detail, along with what you tried to do to correct these behaviors) \_\_\_\_\_

*Dietary Habits*

What brand of food did this cat eat?

- Premium brand (Science Diet, Eukanuba)       Grocery store brand (9-lives, Friskies)  
 Generic brand (Sam's brand, Dollar Store)       Home cooked diet  
 Prescription Diet – which one? \_\_\_\_\_

Which of the following does your cat eat?

- Dry food only       Canned food only       Combination of dry and canned  
 Table scraps       Home cooked diet       Other \_\_\_\_\_

Do you feed your cat treats?  no  yes      What kind? \_\_\_\_\_

How often was this cat fed?

- Once daily       Twice daily       Food always available       Other \_\_\_\_\_

*Litter Box Habits*

Often a change in environment (family move, new pet, new baby, change of litter type) can cause a cat to use the litter box inconsistently. Please provide us with as much detail as possible regarding your cat's litter box habits. Sometimes litter box issues are the signs of health or behavioral problems (mild or serious) that may be modified or eliminated with treatment from your veterinarian.

Did your cat have access to a litter box in the house?  no  yes      How many? \_\_\_\_\_

If yes, did your cat use the litterbox?       yes, consistently       no       sometimes  
If sometimes, how often did the cat make a mistake? \_\_\_\_\_

When was the most recent litter box accident?

- Within the last week       Within the last month       Six months ago  
 Six or more months ago       Has only happened a couple of times

Please describe the accidents:

- Urinates outside of the box       Urinates on clothing/furniture       Urine marks in the house  
 Defecates outside of the box       All of the above  
 Other \_\_\_\_\_

If the cat urinates or defecates outside of the box, does the cat most often go right beside the box?

no       yes, please describe \_\_\_\_\_

How often did you scoop the litter box?

- Daily       Every few days       Weekly       Rarely

What type of litter was used?

- Scented       Unscented       Clumping       Non-clumping       Crystals  
 Clay       Yesterday's News       Pine       Alfalfa       Other \_\_\_\_\_

Were there other animals in your home?

- No       Other cat(s)       Dog(s)       Small Mammals       Birds

If other cats, how many shared a litter box?

- One       Two or more       Many cats shared

If litter box issues were a problem, when did they begin?

- Recently       In the past month       In the past year       Ongoing issues

Can you pinpoint an event (a move, new pet, change of litter style, new baby, traveling and not home much, etc.) that may have influenced/triggered poor litter box habits?

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Please describe what measures you have taken to attempt to correct this problem.

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Has your cat been examined by a veterinarian for his/her litter box issues to rule out any medical problems contributing to the cat not using the litter box?  No  Yes

If yes, what was the diagnosis/outcome?

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Please feel free to add additional comments that you think would be helpful to shelter staff or potential adopters.

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Thank you for providing us with these details about your furry friend. Please be sure to do your part to control the problem of pet overpopulation. Have all of your animals spayed and neutered (ask us how!), and recommend to your friends, family members and co-workers the adoption option.... Save the life of one of 10 million plus animals entering animal shelters across the United States every year.