



Cat Intake Form

Staff Use Only

Today's Date/Time : _____
Initials of Staff Assisting Citizen: _____
Animal ID # _____
Jurisdiction: _____

The shelter believes the best outcome for any cat is to be adopted into a loving home where it will be cared for and receive regular vet care such as yearly vaccinations and parasite protection. However, the temperament of some cats will not allow this to be a viable option. In those cases, in an attempt to secure a live outcome for the cat(s), if they are not eligible for the shelter's adoption program due to their temperament, we may opt to put them through the Trap-Neuter-Return (TNR) Program. TNR allows for a cat who is used to living outside to be spayed or neutered, vaccinated against rabies and ear tipped to allow it to be easily identified as a community cat and returned to where it previously lived. If returning it to its previous environment is not an option, we will TNR the cat and attempt to find it a Working Cat placement. Euthanasia will only be considered as a last resort.

This animal . . .

- Is my pet that I can no longer keep
- Is a stray that I found

Date found: _____ Location found: _____

- Is a feral cat from my neighborhood
- Can this cat be returned to where it was trapped? _____ YES _____ NO
- If chosen for TNR, I consent for this animal to have surgery and understand the inherent risks associated with surgery

My information:

Name: _____

Address: _____

E-mail: _____

Best Phone Number to reach me: _____

Driver License Number: _____ State Issued: _____ DOB: _____

To the best of your knowledge and belief, has this animal bitten any person or animal in the last 10 days?

- No
- Yes

If yes, please briefly describe the incident:



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Scanned for CHIP? _____ Yes Chip # _____

Collar Color _____ Tag Info: _____

_____ Vaccinated _____ Flea/Tick Preventative

ANIMAL INFORMATION

_____ Male _____ Female _____ Altered _____ Unable to determine

_____ Young _____ Adult _____ Senior

_____ Long Hair _____ Short Hair

Color Pattern: _____

For Owner Released Animals

I relinquish all claims to ownership of the animal to the Humane Society of the New Braunfels Area. I understand that due to limited resources, if this animal shows aggression or illness, HSNBA may need to make the difficult decision to euthanize this animal. There is no guarantee the animal will be made available for adoption. By signing this form, I am releasing ownership of the animal to HSNBA. HSNBA is unable to provide information on the animals relinquished to us after this form is signed. I take full responsibility for any claims of third parties against HSNBA from any such claims as may result from relinquishment of any such animal. I agree to provide information as may be appropriate in establishing medical history, hereditary and behavior information on relinquished animal.

In the event, for any reason, the animal I am relinquishing to HSNBA is in danger of being euthanized, do you wish to be called?

(circle one) YES NO

HSNBA will attempt to reach you one time at the number listed, and the expectation is that you or the designee of your choice, will redeem the animal within 24 hours.

Please initial you have read and understand this policy: _____

Euthanasia Request

I am requesting euthanasia of this animal for the following reason . . .

(circle one) Old age Illness or injury Aggression Other