



Pinellas Cats Alive!
Community Cat Intake Questionnaire

Name _____ Date _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Location where cat was found (if exact address unknown, include nearest cross streets):

Address _____

City/Zip _____

This address is (check all that apply):

- an alley an abandoned building a business a vacant lot
 a park a private residence an apartment complex a mobile home park

Please help us by answering the following questions:

1. How long have you seen this cat in the area? _____

2. Do you know if this cat has been nursing kittens? YES NO

3. Does the cat appear to have any injuries or signs of illness? YES NO

If yes, please describe _____

4. If the cat needs medical care, are you able to care for the cat during recovery? YES NO

**For serious illness or injury, or if the cat needs immediate medical attention, we recommend taking the cat to a full-service vet. Under this program, Friends of Strays only provides basic preventive and wellness care.*

5. If the cat is under 4 months, are you willing to be the caregiver and agree to release the kitten exactly where you found him or her? YES NO

6. Have you observed other stray cats in the area? YES NO

If yes, estimate how many adult cats _____ and how many kittens _____

7. Would you be available to pick up and release this cat following surgery? YES NO

8. Please include any other information about this cat that you would like us to know:

9. Please see the back of this page to read and sign the Intake Agreement.

Intake Agreement

I understand that I am relinquishing this cat to the care of Friends of Strays Animal Shelter for the purpose of their return-to-field (RTF) program and that medical records will not be provided. I also understand the following outcomes are possible for this animal: transfer to a rescue group, humane euthanasia if Friends of Strays deems necessary, or kept at the shelter for adoption. I agree to release Friends of Strays Animal Shelter staff and volunteers from all liability. I agree this cat has not inflicted a bite to a person within the last 10 days to the best of my knowledge. I acknowledge that Friends of Strays is not responsible for the loss of personal items such as dishes, towels, and blankets.

Signature _____ Date _____

For administrative use only

Trap # _____ ID # _____ Employee Name _____

Description (color/breed) of cat _____

Is cat injured/sick (does Vet staff need to be involved) YES No