



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. Has this cat been nursing kittens? YES    NO    UNSURE

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 such as vaccines and flea treatment.***

5. If the cat is under 4 months, do you 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 agree to relinquish this cat to the care of Friends of Strays Animal Shelter for the purpose of their return-to-field (RTF) program, Pinellas Cats Alive. I understand and acknowledge the following:

- This program is not intended for owned pets or highly adoptable cats.
- Medical records including proof of vaccination will not be provided.
- Friends of Strays is not responsible for the loss of personal items in traps such as dishes, towels, and blankets.
- The following outcomes are possible for this animal: transfer to a rescue group, kept at the shelter for adoption, or humane euthanasia if deemed necessary by Friends of Strays.

I release Friends of Strays Animal Shelter staff and volunteers from all liability and agree this cat has not inflicted a bite to a person within the last 10 days to the best of my knowledge.

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