

**Tenth Life Cat Rescue**

P.O. Box 63187
Saint Louis, MO 63163

www.tenthlifecats.org

314-808-2454

OWNERSHIP TRANSFER AGREEMENT

Cat's Name: _____ ID #: _____

Transferring Organization _____

Address: _____

City State Zip Code

Phone number: (_____) _____ - _____ ext. _____

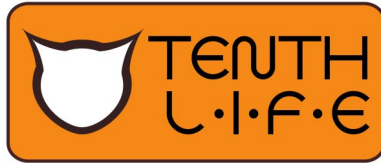
Email: _____

I, _____, the undersigned, acting as authorized agent for the aforementioned animal welfare organization, am releasing ownership and responsibility of the above referenced pet to Tenth Life Cat Rescue. I understand that from now on, I am relinquishing all of my rights to this pet and that Tenth Life will ascertain what is in his or her best interest. I do hereby certify that I am duly authorized agent for the owner of the animal described below and I do hereby agree to give Tenth Life Cat Rescue, their agents, and representatives full and complete authority over said animal in whatever manner the organization's agents, servants, or representatives shall deem fit in perpetuity.

_____ I do also certify that the said animal has not bitten any person or animal during the last fifteen
Initial (15) days and to the best of my knowledge has not been exposed to rabies.

Printed Name: _____ Title: _____

Signature: _____ Date: _____



Tenth Life Intake Record

Please answer the following questions as accurately as possible so that we may plan for appropriate care.

Cat's Name: _____ Case ID #: _____

Step 1: Please verify that you have completed at least one of the following options:

- ☐ **Option A:** Email medical records to admissions@tenthlifecats.org with the case ID# **OR**
- ☐ **Option B:** Provide us the name and contact information for the veterinarian(s) who treated this cat so that we may obtain records directly. *This option requires that you call ahead now to release their records. ~~Cat Records~~ we request them **immediately**. We will need the:*

- Veterinarian's Name/Location:

- Veterinarian's Phone number: (_____) _____ - _____

- ☐ **Option C:** To the best of my knowledge, this cat has not seen a veterinarian.

Step 2: Please confirm whether this cat was tested for FeLV (feline leukemia) and FIV (feline immunodeficiency virus). ☐ Yes ☐ No ☐ I don't know/other, please explain:

A. If yes, where were they tested? ☐ Same vet as above ☐ By the following veterinarian:

- ☐ Veterinarian's Name/Location:

- ☐ Veterinarian's Phone number: (_____) _____ - _____

B. If yes, test date: _____ **AND** test results:

FeLV (feline leukemia) Status: ☐ Negative ☐ Positive

FIV (feline immunodeficiency virus) Status: ☐ Negative ☐ Positive

NOTE: If you have it, attaching the veterinary paperwork can speed up the admissions process in many cases.

Question 3: To the best of my knowledge, this cat has NOT bitten anyone in the last ten (15) days:

☐ True, it has NOT ☐ False, it has. If FALSE, enter incident date and explain below:

Date of incident: _____ / _____ / _____

Description: _____

Question 4: This cat is a stray cat and has never been owned by me. ☐ True ☐ False

Question 5: This cat HAS been scanned for a microchip. ☐ True ☐ False

Microchip number, if known: _____

Question 6: What food is this cat eating, is there anything important we need to know about their special needs, etc.? Is there any new information you'd like to provide about the cat's history, personality, or health since you first submitted them?

PLEASE NOTE: ADMISSIONS ARRIVE BY APPOINTMENT ONLY.

All cats must arrive in carriers and only at the address provided at a prearranged time. The delivery location and any other details will be provided once all paperwork has been completed and received by Tenth Life and admission is confirmed in writing by an authorized Tenth Life representative. This document is for our records prior to intake and does not serve as a contract between the admitting party and Tenth Life nor does it guarantee admission.

If you have them, please remember to bring the following to your admission appointment:

- any physical copies of veterinary records or x-rays you may have
- any medications or supplements
- any special food or comfort items. Because cats are especially stressed when placed in new situations, so if possible, please bring a familiar bed or blanket.
- and any other information you can provide.

Printed name: _____

Date: _____

Signature: _____

INTERNAL NOTES:

Admissions Counselor: _____		
<input type="checkbox"/> Medical records confirmed	<input type="checkbox"/> Transport Arranged	Date admitted: _____
Arrival Date: _____	Foster Parent: _____	

ATTENTION INTAKE STAFF: File with surrender form and medical paperwork in the cat's permanent record. Thank you!