



Feline Intake and Disposition Information

A chapter of Saving Animals From Euthanasia

Name of Cat		Received Date		SAFE/WECR Record #	
Already altered?		Yes	No	Male	Female
If Yes, verified by:					

Breed/Description:		Color (check all that apply)		Approx. age: _____
<input type="checkbox"/> SH	<input type="checkbox"/> MH	<input type="checkbox"/> LH	<input type="checkbox"/> Black	<input type="checkbox"/> Calico
<input type="checkbox"/> Tabby	<input type="checkbox"/> Tortie		<input type="checkbox"/> White	<input type="checkbox"/> Tuxedo
<input type="checkbox"/> Persian	<input type="checkbox"/> Maine Coon		<input type="checkbox"/> Gray	<input type="checkbox"/> Pastel
<input type="checkbox"/> Siamese	<input type="checkbox"/> Russian Blue		<input type="checkbox"/> Orange	<input type="checkbox"/> _____
<input type="checkbox"/> Other: _____			Birth Date: _____	
Shelter Received From:			Owner Turn In	
			Name: _____	
<i>* Please ensure that Release Form is signed and in folder from Owner or Other.</i>				

Care History	
Fostered by: _____	Fostered by: _____
Starting: _____ Ending: _____	Starting: _____ Ending: _____
Date of Spay/Neuter: _____	Veterinarian: _____
Status / Disposition and Date	
Volunteer who performed adoption: _____	
<input type="checkbox"/> Adoption _____	<input type="checkbox"/> Foster-to-adopt* _____
<input type="checkbox"/> Died _____	<input type="checkbox"/> Transfer _____
* If Foster-to-adopt, was certificate sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of certificate: _____	Certificate ID# _____
	Issued by: _____