Friends of Feral Felines

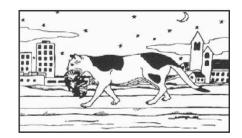
MAIL TO PO Box 8137 Portland, ME 04104

OFFICE LOCATION 651 Forest Ave. Portland, ME 04101

Name:

PHONE & FAX 207.797.3014

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SURRENDER AGREEMENT

You can fill in this form on-screen; just click on a field and type. Use your tab key to move cursor among fields. When form is completed, you can save it and email it, or you can print it and fax or mail it.

Mailing Address:	Email:			
City:	State:		Zip:	
Phone Home:	Cell:	W	ork:	
Location of Cats:			Number of C	ats:
I hereby agree to surrender the care Friends of Feral Felines (FoFF). It weterinary care including neutering I agree that by doing this, I am given will become the owner of the cate care will be administered in the behave provided to FoFF is accurate	understand that Fog, and find barn place ing up all rights to a and will be respon- est interests of the o	FF will trap the cements or ado the cats. I furthe sible for their cats. The inform	cats humanely, ptive homes for r understand the re. I understand	provide them. at FoFF that this
Signature:			Date:	
Received by:		Donation: \$	Date:	
1 copy for person surrendering cats 1 copy to FoFF with donation				

Get the Facts on Cats from the Humane Society of the United States www.hsus.org or the ASPCA www.aspca.org