

**O.C. ANIMAL LEAGUE, INC.
PRE ACCEPTANCE FORM**

Name: _____

Address: _____

Phone ~ Home: _____

Cell: _____

Work: _____

Number of cats (kittens) requesting OCAL to accept: _____

Approximate age(s) _____ Male _____ Female _____

Description of cat(s) _____

Neutered? _____ Indoor? _____ Outdoor? _____

Condition of cat(s): _____

Personality of cat(s): _____

Any known disabilities or problems?: _____

What is your reason for giving up your cat (s)?

Are you willing to:

- Make a donation _____ Amount: \$ _____
- Volunteer _____
- Take cat to Hamilton Animal Hospital and pay for medical examination _____
- Are you willing to pay for necessary -vaccinations _____
-neutering _____
- Have you been made aware that, if the cat does not pass the medical examination, you are still legally responsible for the animal and the amount owed to the animal hospital? _____

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What is your reason for giving up your cat (s)?

Once a cat passes its medical examination and, if accepted, the cat will be observed for 72 hours in the OCAL kennel.

If the animal shows any unacceptable behavior where OCAL feels it will not adapt to its new surroundings, I agree to return and take possession of the animal.

If, or when, OCAL decides to accept the cat permanently, I agree to release all interest and control of the animal to O.C. Animal League, Inc..

Furthermore, my signature below acknowledges that I understand and agree to accept all of the requirements, terms and conditions stated above for the proposed pet release to O.C. Animal League, Inc..

Signature

Date

Name of Person Signing
(please print)

Witness
(OCAL Representative)

(for OCAL volunteer and/or Hamilton Animal Hospital only)

Visual inspection of cat performed by: _____

Condition of cat(s): _____

Personality of cat(s): _____

Any noticeable disabilities or problems?: _____

Mail to: O.C. Animal League, Inc.
19744 Beach Blvd. #139
Huntington Beach, CA 92648