

CAT ADOPTION APPLICATION

-Staff Only-
Date: _____
Time: _____
App #: _____
N ___ V ___ A ___

Name of Cat: _____

Thank you for your interest in providing a shelter animal with a permanent home! In order to help us make the best possible match between you and a new pet, please complete the information below.

PLEASE PRINT CLEARLY – YOU MUST BE 18 YEARS OR OLDER

Name		Home Phone	
Physical Address	City/State	Zip	Cell Phone
Mailing			Work Phone
Time At Current Residence:	Yrs.	Mos.	Email Address

GENERAL INFORMATION

Are you prepared to assume the financial responsibilities of providing your cat with adequate food, medical care, housing, training, toys, etc. (at least \$2000/year)? Yes No

Have you ever brought an animal to a shelter? _____ If yes, what were the circumstances?

Do you plan to declaw the cat? _____ If yes, why? _____

If this cat starts urinating out of litter box, what would you do?

Under what circumstances would you give up the pet, and what would you do with it?

YOU & YOUR HOUSEHOLD – CHECK ALL THAT APPLY

<p>Your Living Place: ___ House ___ Condo ___ Apartment ___ Mobile Home ___ Townhouse ___ Other _____</p> <p>Are you currently Pet-Sitting? Yes No</p>	<p>Do you own your home? ___ Yes ___ No, I am a renter *</p> <p>* Owner's Name: _____</p> <p>*Phone No: _____</p>	<p align="center">- OR -</p> <p>*Property Mgr Name: _____</p> <p>*Phone No: _____</p>	<p>Cat Experience: Never had a cat Have had one or two Have had many</p> <p>Home Lifestyle: Very Active Somewhat Active Rather Quiet</p>
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TURN OVER TO COMPLETE APPLICATION ----->

Typically, the cat would be left alone: <input type="checkbox"/> More than 9 hours <input type="checkbox"/> 8-9 hours <input type="checkbox"/> 5-8 hours <input type="checkbox"/> Rarely	Children & Your Home: <input type="checkbox"/> I have children Ages _____ <input type="checkbox"/> I do not have children <input type="checkbox"/> Children visit my home Ages _____ <input type="checkbox"/> No children visit my home	Reason(s) for Adopting: <input type="checkbox"/> Family Companion <input type="checkbox"/> For My Children <input type="checkbox"/> Company for pet <input type="checkbox"/> Mouser <input type="checkbox"/> Other	Cat Will Live: <input type="checkbox"/> Indoors Only <input type="checkbox"/> Indoors and Garage <input type="checkbox"/> Indoors and Outside <input type="checkbox"/> Outside Only <input type="checkbox"/> Barn
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WHAT DOGS, CATS & OTHER PETS DO YOU CURRENTLY OWN OR HAVE OWNED WITHIN THE PAST 5 YEARS?

Type/Breed	Where is pet kept?	Age	Name	Spayed/Neutered?	Still Have? *

**If this animal(s) is no longer with you, please explain:* _____

Current Vet Info: (We will verify current Rabies Vaccination on dogs/cats in the home)

Vet Clinic: _____ **Phone #:** _____

Reference (does not live with you/not relative): _____ **Ph#:** _____

Would you like to receive Science Diet Newsletters through your email? **Yes** **No**

I declare that all of the information I have given above is true and complete. Providing false information or withholding information will void the application. I hereby release to Summit County Animal Control (SCAC) all veterinary records of any and all animals I own or have owned. I understand that SCAC can decline my adoption application. I further understand that if my application is approved, SCAC reserves the right to conduct a home-check prior to the adoption of any animal to verify the suitability of my home environment as it relates to the needs of the animal, i.e., secure fencing, appropriate shelter, adequate space, safety, etc. I understand that adopting an animal from a shelter provides no medical/behavior assurances and I understand that a refund of the adoption fee is not provided.

Signature _____ **Print Name** _____ **Date** _____

Email application to: animal_control@summitcountycogov

