

Worcester County



Humane Society

FELINE ADOPTION APPLICATION

Are you aware a cat's lifespan is approximately twenty years? Please consider the commitment involved before adopting any pet.

Date

What cat or kitten are you interested in?

Microchip number

Name D.O.B

Street Address

Home Phone cell

Work Phone

Email Address

Do you own or rent your home?

Where will the cat live?

Indoors Outdoors Both

If you rent, provide your landlord's name & telephone number

Name Phone

Why do you want to adopt a cat? (Check all that apply)

Companion Barn Cat

Mouser Gift for someone else

Companion for other pet Other

What are you looking for in a cat? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Playful & active | <input type="checkbox"/> De-clawed |
| <input type="checkbox"/> Laid back/calm | <input type="checkbox"/> Good w/Children |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Good w/Other Cats |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Good w/Dogs* |

*Has your dog ever interacted with cats before?

How will you manage your cat's nail health? (Circle all that apply)

- | | |
|---|---|
| <input type="checkbox"/> De-clawing | <input type="checkbox"/> Scratching Posts |
| <input type="checkbox"/> Trimming the nails | <input type="checkbox"/> Other |
| <input type="checkbox"/> Don't know | |

List all your current animals

Would this be your first cat? Yes No

If no, do you currently own a cat(s)? Yes No

If yes, has your cat been tested for:

HIV- Yes No Leukemia- Yes No

Has your cat been vaccinated and are the vaccinations current? Yes No

Is your cat De-clawed? Yes No

Is your cat spayed/neutered?

Age Sex: Male Female

If you don't currently own a cat, when did you last you own a cat?

List the pets no longer in your care and what happened to them.

List the members of your household and their ages:

Name Age

Name Age

Name Age

Name Age

Does any member of your house hold have an allergy to cats? Yes No

Are you aware of the cost of veterinary care, emergency care, Supplies, and food for the life time of the cat? Yes No

Provide the name of all animal hospitals, veterinarians and telephone numbers used in the care of your pets, past & present:

Name Phone

Name Phone

Name Phone

Provide the names and telephone numbers of two references, (not family members)

Name Phone

Name Phone

Are you willing to allow a WCHS representative to visit your home to see where your cat will be living? Yes No

I certify that the above information is true. I also understand that giving false information on this application is grounds for denying an adoption. I understand that it will take 48 hours or more for my application to be processed. I understand that a representative of the WCHS may visit my home, possibly unannounced, to access the status of the adopted cat and the conditions under which it is kept I further understand that if it is felt that the cat's welfare or safety is in jeopardy, or that the terms of the adoption contract are not being upheld, the animal may be reclaimed by the WCHS. I will at that time, surrender the animal on demand and make no further claim against the WCHS. I agree to accept full responsibility of the cat; its shelter, exercise, feeding, and health care needs. If ever I can not keep the animal, I understand that it must be returned to the WCHS. I agree not to hold the WCHS liable or responsible for any damage to persons or property once the animal leaves their care upon adoption. All adoption fees are due upon receiving the adopted animal, and are non refundable. I understand that my signature below also serves as my consent to release information from my current or past vets' office.

Applicant's Signature _____

Date _____