



# Worcester County Humane Society Cat Adoption Application

12330 Eagles Nest Rd. | Berlin, MD 21811  
410-213-0146 | worcestercountyhumanesociety.org

We request the following information and a consultation with an adoption counselor to help you find a cat with the qualities you'd like and who matches your lifestyle.

## To be considered as an adopter, you must:

- Be 21 years of age
- Have the knowledge and consent of all adults living in your household
- Have a valid ID with current address
- Have the knowledge and consent of your landlord if applicable
- Understand that The Worcester County Humane Society must approve your application (based on the policies set by the board of directors.)

## My Preferences

Are you interested in adopting a particular cat?

Yes - Name \_\_\_\_\_  No

Have you adopted a pet from us before?  Yes  No

Are you affiliated with The Worcester County Humane Society or do you know someone affiliated with us?

Yes - Explain \_\_\_\_\_

No

What type of cat are you looking for? (check all that apply)

Male  Female  Kitten  Adult  Senior

Special Needs: Medical  Special Needs: Behavioral

Do you want a particular breed, color, or fur length?

If yes, describe: \_\_\_\_\_

What energy level are you looking for in a cat?

High energy  Medium energy  Low energy

## About Me and My Home

What type of home do you live in?

House  Apartment  Condo

Duplex  Mobile  Other

Number of adults in your household \_\_\_\_\_

Number of children (under age 18) in your home \_\_\_\_\_

Ages \_\_\_\_\_

Are there any persons who regularly visit the home (grandchildren, family members, etc)?  Yes  No

Explain and list visitor(s) ages below.

\_\_\_\_\_  
\_\_\_\_\_

## My Habits

What qualities and behaviors are you looking for in your new cat? (check all that apply)

Zippy/high energy  Mellow/easy going

Cuddler/lap cat  Talkative

Mouser/outdoor cat  Independent

Quiet  Responsive

Affectionate

When home alone, your cat will be: (check all that apply)

In the house  Screened porch

Indoor/Outdoor freedom  Barn

Outdoors on a leash  Garage

Other, or comments:  Outdoors

\_\_\_\_\_

Under what circumstances would you declaw? (check all that apply)

None  Landlord requirement

Destruction of furniture  Scratching people

Other cat is declawed  New baby

Veterinarian recommended  Unsure

Other, or comments: \_\_\_\_\_

Are you aware of the potential side effects of declawing a cat?  Yes  No

Which of the following would you like to know more about?

Scratching furniture  Multiple cats

Litter box habits  Newborn/toddlers with cats

Other: \_\_\_\_\_

Would you allow our representative to visit your home before the adoption is completed?

Yes  No

# CAT ADOPTION APPLICATION

Name (First, Middle, Last)		Date of Birth    ____ / ____ / ____			
Street Address ( Physical Address )		Home Phone:			
		Cell Phone:			
City, State, Zip		Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent			
List all Adults in your Home (Legal Names & DOBs)		Landlord's Name:			
		Landlord's Phone:			
How long have you been at current address? (If less than one year, please list previous address below):					
Are you: <input type="checkbox"/> Working <input type="checkbox"/> Attending school <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Other:					
What pets have you owned in the past?					
Pet's name	Breed/type of pet	Age	Sex	Spayed/neutered	Do you still have this pet?
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Who is/has been your veterinarian?				Veterinarian's phone	
Veterinarian's address					
Please list two (2) personal references (not related to you):					
Name				Phone	
Name				Phone	
By submitting this form, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet. I authorize investigation of all statements on this application. I understand that this application is property of the Worcester County Humane Society.					
Signature: _____ Date: _____					
Spouse/Partner/Roommate Signature: _____ Date: _____					
How did you hear about the cat you are interested in?					
<input type="checkbox"/> Facebook <input type="checkbox"/> Website <input type="checkbox"/> Petfinder <input type="checkbox"/> Fundraiser <input type="checkbox"/> Petco <input type="checkbox"/> Petsmart <input type="checkbox"/> Concord Pet <input type="checkbox"/> Other:					

## OFFICE USE ONLY

- Real property search
- If renting, letter of approval from landlord
- Google Earth search
- Judiciary Case search

Approved:    Yes    No