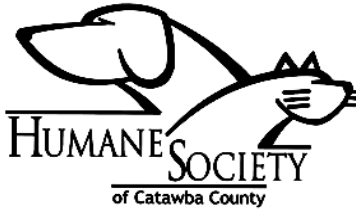


CAT ADOPTION APPLICATION



828-464-8878 Hickory – 828-466-6850 Newton
828-464-4299 (Hickory Fax) – 828-465-8918 (Newton Fax)
www.catawbahumane.org

PET'S NAME: _____ Today's Date: _____

Name: _____ Are you over 21 years of age? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _(_____) _____ Email: _____

Employer: _____ Work Phone: _(_____) _____

Have you ever adopted a pet from Humane Society of Catawba County before? No _____ Yes _____

If yes, do you still have this pet? _____ If no, what happened to the pet? _____

Are you adopting a cat for Yourself _____ Family _____ Gift _____ Relative _____ Children _____ Rodent Control _____

Do all members of your household want a new pet? Yes _____ No _____

List any additional people your new cat will be living with (specify age of any children)

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

What will happen to this cat if you move? _____

Any members of your household allergic to: Cats _____ Dogs _____

Do you own your residence? Yes _____ No _____ If renting does your landlord allow cats? _____

Landlord's Name: _____ Phone: _(_____) _____

Deposit Required: Yes _____ No _____

Do you want this cat to live... Inside only _____ Outside only _____ Inside/Outside(explain) _____

Are you planning to declaw this cat? Yes _____ No _____ Not sure _____

Are you aware of hazards of declawing a cat? Yes _____ No _____

LIST COMPANION ANIMALS THAT HAVE LIVED WITH YOU IN THE PAST FIVE YEARS:

Name	Type	Breed	Age	Do you still have this animal?	Spayed or Neutered?
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat			<input type="checkbox"/> Yes <input type="checkbox"/> No - What happened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat			<input type="checkbox"/> Yes <input type="checkbox"/> No - What happened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat			<input type="checkbox"/> Yes <input type="checkbox"/> No - What happened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat			<input type="checkbox"/> Yes <input type="checkbox"/> No - What happened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat			<input type="checkbox"/> Yes <input type="checkbox"/> No - What happened?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Which Vet Clinic(s) do you or have you used? _____

With my signature below, I signify I understand that:

- **I am 21 years of age or older**
- **I will provide food, shelter, medical care, love and affection for the lifetime of this animal, which could be as long as 20 year or more.**
- **I agree to take this animal to a Veterinarian for exams and vaccines at least once yearly and as needed, and to provide vet care, at my own expense, should this animal become ill or injured.**
- **I cannot sell, transfer, trade, give away, or lease the adopted animal to any person or organization with first notifying HSCC.**
- **HSCC make no representations or warranties regarding the health, size or temperament of the animal being adopted hereunder, and HSCC expressly disclaims the same.**
- **I agree to hold harmless HSCC, its staff, directors, agents and representatives for any and all claims, losses and damages, whether to the person or property, which might arise as a result of the subject animal's health condition or behavior.**
- **This application remains the property of HSCC.**
- **I am stating that the above information is true.**
- **By signing below, I authorize agents of HSCC to contact my previous veterinarians to receive medical records for my pets.**

Applicant Signature _____ **Date** _____

HSCC reserves the right to refuse any applicant at any point during the adoption process

ALL ADOPTIONS ARE CONSIDERED FINAL & NON-REFUNDABLE ONCE PAYMENT HAS BEEN MADE