

CAT ADOPTION APPLICATION



HSCC
(828) 464-8878
Fax (828) 464-4299
www.catawbahumane.org

PET'S NAME:
DOB:
BREED:
DESCRIPTION:

Accepted
Denied

Today's Date _____
Name _____ Home Phone (_____) _____
Address _____ Work Phone (_____) _____
City _____ State ____ Zip _____ Email _____
Driver's License # _____ State _____ Employer _____
Your Age: _____ Date of Birth: ____/____/_____
Directions to your home from the nearest major road: _____

Have you ever adopted a pet from the Humane Society of Catawba County before? No Yes
If yes, do you still have this pet? _____ If no, what happened to the pet? _____

Why do you want to adopt from HSCC? _____

Are you adopting a cat for: Yourself Family Friend Relative Children Outdoor rodent control

Who will be the primary caretaker of this cat? _____

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 _____

Are any members of your household allergic to: cats or dogs?

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

- Landlord's Name _____ Phone (_____) _____
- Deposit Required? Yes No If yes, how much? \$ _____

May a representative of the Humane Society visit your home before or after you adopt? Yes No

What will happen to your cat when you go on vacation or in case of an emergency? _____

How much do you anticipate spending on your cat in an average year? \$0-100 \$100-300 \$300-500 \$500 +

What kind of life changes would cause you to give up an animal? Moving Break Up/Divorce Marriage New Baby
Sickness/Death Allergies Work Schedule Loss Of Interest Loss Of Job None

Have you ever given an animal away? Yes No Explain _____

What will happen to this cat if you move? _____

Do you want this cat to live: Inside only Outside only Inside/outside (Explain) _____

Where will this cat stay when you are not at home? Indoors Basement Garage Outdoors Crate Other
If Other, please explain: _____

Are you planning to declaw this cat? Yes No I'm not sure

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

Are you willing to allow at least 30-60 days for your new cat to adjust to its new home with you? Yes No

Have you ever taken an animal to a shelter or Animal Control? Yes No

- Explain _____

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? Where does pet stay during the day? Where does pet sleep at night?	<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? Where does pet stay during the day? Where does pet sleep at night?	<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? Where does pet stay during the day? Where does pet sleep at night?	<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? Where does pet stay during the day? Where does pet sleep at night?	<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? Where does pet stay during the day? Where does pet sleep at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a regular veterinarian? Yes No Vet/Vet Clinic? _____

With my signature below, I signify I understand that:

- I am 18 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 years 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 am not adopting this cat to be an outdoor only cat.
- The Humane Society **does not convey irrevocable ownership** of the adopted animal to me.
- I **cannot sell, transfer, trade, give away, or lease** the adopted animal to any person or organization without **first notifying HSCC**.
- I am **legally obligated to return the animal** to HSCC if such transfer above is not approved.
- HSCC has permission to inspect the premises under which the animal is kept at **any** time.
- Agents of HSCC **may remove the animal from my control** if conditions are deemed unsuitable.
 - If the animal is permitted to run at large
 - If food, water and/or shelter provided for the animal is inadequate
 - If I have falsified any information on this application
- I agree that I will have no recourse of any kind resulting from such action by HSCC
- HSCC makes **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 officers, 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**.

Applicant Signature _____ **Date** _____

HSCC reserves the right to refuse any applicant at any point during the adoption process. All adoptions are considered final and non-refundable once payment has been made.