

Cat Adoption Application

Steuben County Humane Society, Inc. * www.angolaanimalshelter.org
P.O. Box 204, Angola, In 46703 * 260.833.2877 / Fax: 260.833.2840



Welcome to Steuben County Humane Society, Inc. adoption program. We request the following information so that we can assist you in the selection of a new cat. This form and a consultation is designed to help you find the cat most compatible with your lifestyle. You will hear back within 2 days, or please assume your application was not approved.

To be considered as an adopter, you must:

- Be 21 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord
- Be able and willing to spend the time and money necessary to provide medical treatment and proper care of the cat

Name of applicant _____ Date _____

Street address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____ Age _____

How long have you lived at this address? _____

Are you adopting for yourself or someone else? _____

Describe in detail the cat you're looking for: _____

Describe those pets you currently own: *If you have more animals than space provided, please use an additional sheet of paper and attach to this form.*

a. Name _____ Type _____ Age _____ Sex _____

Is the pet Spayed or Neutered? ___ yes ___ no

Primarily Indoor or Outdoor? Explain: _____

What year did you get the animal? _____

How did you acquire the animal? _____

Comments: _____

b. Name _____ Type _____ Age _____ Sex _____

Is the pet Spayed or Neutered? ___ yes ___ no

Primarily Indoor or Outdoor? Explain: _____

What year did you get the animal? _____

How did you acquire the animal? _____

Comments: _____

Describe all pets you previously owned in the last 10 years: *If you have had more animals than space provided, please use an additional sheet of paper and attach to this form.*

a. Name _____ Type _____ Age _____ Sex _____

Was the pet Spayed or Neutered? ___ yes ___ no

Primarily Indoor or Outdoor? Explain: _____

What year did you get the animal? _____

How did you acquire the animal? _____

Year deceased (or last year you had pet)? _____

Cause of death, or where pet is now (detail) _____

b. Name _____ Type _____ Age _____ Sex _____

Was the pet Spayed or Neutered? ___ yes ___ no

Primarily Indoor or Outdoor? Explain: _____

What year did you get the animal? _____

How did you acquire the animal? _____

Year deceased (or last year you had pet)? _____

Cause of death, or where pet is now (detail) _____

Have you ever turned your animal in to a shelter? Yes / No If yes, please explain:

If you have pets, will the adjust to a new cat in the house? Yes / No / Don't know

Why do you want this cat? (Please check all that apply.)

Companion / Companion for other pet / House pet / Barn cat Mouser / Office cat /Other
(explain) _____

How many adults are in your family? _____ Children? _____ Children's ages? _____

Does any member of your household have an allergy to cats? Yes / No

Where do you live? House / Apartment / Condo / Mobile home / Other _____

Do you own or rent your home? Own / Rent

If you rent: Landlord name _____ Landlord phone #(____) _____

What type/size pets are allowed? _____

If you have rented your current residence for under a year, please provide prior address and prior landlord contact phone number:

Prior address _____

Prior Landlord's name: _____ Landlord phone #: _____

What is your current occupation? _____

Name of employer: _____

Does your job require extensive travel? Yes / No

Where will your cat live? In the house / Outdoors With free access to both indoors and outdoors In the barn In the garage

Please explain: _____

Do you have screens on your windows? Yes / No

Do you have a cat or dog door? Yes / No Where does it lead to? _____

Under what circumstances would you have the cat declawed? _____

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

Will you keep the cat up-to-date on vaccinations? Yes / No

Who is your veterinarian? _____ Phone _____

City/state _____

If you go away for a few days, or on a vacation, who will take care of the cat? _____

What arrangements will you make for the care of your pets in case of an emergency, or if you become unable to care for him/her? _____

If you move, will you take the cat with you? Yes / No
Have you ever applied to SCHS before to adopt an animal? Yes / No If yes, when? _____

Have you ever brought animals to SCHS? Yes / No If yes, please explain: _____

How did you find out about SCHS? _____

Are you willing to have a representative of SCHS come to see where the cat will be living? Yes / No If no, explain: _____

Are you aware that cats can live 15 to 20 years and are you willing to take responsibility for this cat for the next 10 to 20 years? Yes / No

Are you aware of the adoption fee (at least \$40 nonrefundable donation)? ___yes ___no

Additional comments from applicant: _____

Please provide two personal references:

Name of reference #1 _____

Street address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Name of reference #2 _____

Street address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. Also, if an omission or untruth is discovered after an adoption takes place, I understand that the Steuben County Humane Society, Inc. (SCHS) reserves the right to annul the adoption and reclaim the animal. I give the Partnership permission to fully investigate the information provided as well as contact veterinarians and related officials. If the application passes this review, I agree to a home and yard visit on a mutually agreed date by a Partnership volunteer before an adoption decision is made if asked upon.

In addition, I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal. I understand it is the Partnership's prerogative to decide which home is most appropriate and that their decision is final, and therefore I will not argue with the decision. Unless otherwise indicated by the Partnership, I am free to apply and undergo the application process in the future.

Signature(s) _____ Date _____

Printed Full Name(s) _____