

Feline Adoption Application

Animal's Name: _____

Date: _____

Personal Information

Name (first, middle, last): _____

Birthdate: _____

Address: _____

City, State, Zip: _____

Phone Number(s): _____

Household Information

How many adults live in the home? _____

Name & Birthdate of each additional adult in the home: _____

How many children live in the home? _____

What are the ages of the children? _____

What type of dwelling do you live in? (Circle One)

-House - Apartment -Mobile Home -Farm -Other

Do you rent or own your home? (Circle One) -Rent -Own -Other

If you rent, please provide your landlord's name and phone number: _____

Pet Ownership in the Past 5 Years

(Please use back of application if you need additional space)

Name of Pet Altered	Breed/Species	Age	Sex	Indoor/Outdoor/Both
_____	_____	_____	M F	_____
_____	_____	_____	M F	_____
_____	_____	_____	M F	_____

If you no longer have the pet(s) listed above, please explain why: _____

Which veterinarian did you use for pets you have owned in the past? By providing this information, you are giving us permission to access your past vet records.

Vet Clinic: _____

Address, City, State: _____

Phone Number: _____

Name on Vet Records: _____

Name of Pets Seen by Vet: _____

Do you have any concerns regarding the cat you are adopting? _____

Do you plan to let the cat outside? (Circle One) -Yes -No

If yes, please answer the following questions. If no, skip to page 3.

How often will the cat be outside? _____

Will you restrict the cat's movement outside? -Leash -Cat Enclosure -Supervision_

Will the cat be allowed outdoors while you are not home? _____

Most veterinarians recommend that new cats are restricted to a smaller area of the home for a few days/weeks to adjust. Many cats take at least one month to adjust to a new environment and will benefit greatly from your patience during this transition.

Do you have any concerns regarding the cat you are adopting? _____

Adoption Contract- Please Initial Each Statement

_____ I am aware that LCHS cannot guarantee the health or temperament of any animal, with no exceptions

_____ I am responsible for this animal after the point of adoption; LCHS will not provide financial support or supplies for any expenses. Including, but not limited to, food, licensing, medications, medical treatments.

_____ This animal must be returned to LCHS if I am no longer able to keep it for any reason there will be no penalty or fee. Animals that are euthanized by the owner are not required to be returned to LCHS.

_____ LCHS representatives have the right to verify the condition of the animal and request relinquishment if the terms of this contract have not been met.

_____ LCHS will not provide a refund if an adopted animal is returned as the adoption fee will be considered a donation, unless the animal is returned within 7 days.

_____ The animal I have adopted will be provided with proper food, water, shelter, attention, and medical care. Vaccinations will need to be boosted annually. Dogs should be licensed through the appropriate county every year.

_____ By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in losing the privilege of adopting a pet. I understand that the LCHS has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application.

_____ Local veterinarians may offer a free health exam; it is my responsibility to contact them for more information. LCHS will not pay for any exams after an animal is adopted.

Name: _____

Signature: _____

Date: _____