

WELCOME TO THE WASHINGTON COUNTY HUMANE SOCIETY, INC.

Cat Adoption Application

In order to be considered for an adoption, you must:

- Be 18 years of age. This is the age required by law to sign a legally binding contract.
- Have the knowledge and consent of all adults living in your household.
- Have verifiable identification. **DL #** _____ **DOB** _____
- Have landlord's consent to bring an animal onto the property, or be able to provide proof of home ownership

So that we may be assured that the animal you want to adopt will be best suited to you, your home, and lifestyle, and be placed in an environment that is compatible with its needs, we would like you to provide us with the following information:

Name(s) (every person 18 years and up living in the residence)		Home Phone No.	
Address		City	State Zip
Employer's Name		Work Phone No.	
Landlord's Name/Condo or Mobile Home Association:		Landlord's/Association Phone No.	

1. List all type(s) of pets you have owned during the past 5 years and any pets you have adopted from WCHS:

Name	Cat/Dog/Other	Kept Where	Age	Sex	Altered	No	Adopted from WCHS	Still Own
					<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> When_____	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> When_____	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> When_____	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> When_____	<input type="checkbox"/> Y <input type="checkbox"/> N

2. If you no longer have the above pet(s), please explain what happened to it (them) and when.

3. Does anyone else living in the home own pets? Yes No

4. Please list any Veterinarian Clinics you have used in the last 5 years:

5. What person's name are the vet records under? _____

6. Please provide the following information about your household:

No. of adults: _____ Relationships _____ Ages of children living at home: _____

7. Do you live in a: House Apartment Duplex Condo Mobile Home Do you: Rent Own

8. Please tell us why you would like to adopt this animal. (Check all that apply.)

Companion Companion for another pet Gift As a mouser For a child

9. It may take your pet two weeks or longer to adjust to its new home. We strongly recommend that you give your new cat at least one week in a small room in your home to get used to the sights, sounds, smells, pets & people. Are you prepared to allow it this much time for adjustment? Yes No

10. Where will your cat be kept during: The day _____ Night _____

11. Are you planning on declawing your cat? Yes No

12. Do you plan to let your cat exercise outdoors? Yes No If yes, will you keep your pet: On a leash attended

Roaming free Unattended Other: _____

Many cats like the companionship of another cat. Please inquire about our Buddy System

Veterinary Records Authorization

This certifies that I am applying to adopt an animal from The Washington County Humane Society. In doing so, I acknowledge that they will be reviewing my application and veterinary records. By signing below, I authorize the below named veterinarian(s) to release the medical records of my currently owned or previously owned pets.

Veterinary Clinic _____

Location _____ Phone Number (if known) _____

Veterinary Clinic _____

Location _____ Phone Number (if known) _____

Signature _____ Date _____

Print Name _____

Name of pets (s) _____

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

Signature: _____ Date: _____

For WCHS Office Only (Animal Info):

Adoption Counselor: _____ Date: _____

Invoice #: _____ **Age/Color:** _____ **Animal Name** _____ **Altered?** _____ **Declawed?** _____

Signer # ____ **On meds?** ____ **Red/Blue Dot reviewed?** Chris/Tina/Jessie **Red/Blue Dot Reason** _____

Invoice #: _____ **Age/Color:** _____ **Animal Name** _____ **Altered?** _____ **Declawed?** _____

Signer # ____ **On meds?** ____ **Red/Blue Dot reviewed?** Chris/Tina/Jessie **Red/Blue Dot Reason** _____

Are there cats in home? _____ Are there dogs in home? _____ Proof of H.O. needed? _____

Cat/cat meet needed? _____ Good/Poor Dog/cat meet needed? _____ Good/Poor

Comments: _____

Date Called Back _____ Pickup Date _____

Approved **Denied** Old DB Checked PetPoint Checked Staff Initials _____

Reason denied: _____

Landlord approval: Pets OK Pets not OK Vet verification: Vet check OK Vet check not OK