

Pick Up Date/Time: _____ Items Required at Adoption: _____

Municipality: _____

Office Use Only Above This Line

Cat Adoption Application



Description/Name of Cat(s):

Adopter Information

Name _____ Primary Phone (____) _____ Secondary (____) _____

Street Address _____ Time lived at this address _____

City _____ State _____ Zip _____

Date of Birth _____

E-mail _____ ***must provide email address to receive free month of pet health insurance*

Place of Employment _____ Work Phone _____

Occupation _____ Time with Current Employer _____

Household Information

Are other people in your home experienced with cats? Yes No

Does everyone in the house want to get a new cat? Yes No

Have all the members of your home met the animal? Yes No

Household activity level: Quiet Active Very Active

Please list the names and ages of other members in your household:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Do you live in a: House Apartment Dorm Mobile Home-Which park? _____

Do you: Own Rent Live with family Mobile home, I own the land

If you rent or live with family, do you have the homeowner's permission to have a cat? Yes No

If you rent or live with family, what is the homeowner's name? _____

What is their phone number? _____

Pre-Adoption Questions (please answer all)

Why have you decided to adopt a cat? _____

What will you do to ensure you will be a responsible cat owner? _____

Please list your experience with cat ownership: _____

If you had to move in the future, what would you do with your pet(s)? _____

Do you plan to spay/neuter your cat?	Yes	No	N/A – already done
Do you plan to breed your cat/let it have kittens?	Yes	No	N/A
Do any family members have allergies to cats?	Yes	No	
Do you plan to declaw your cat?	Yes	No	N/A – already done
Have you designated a primary caregiver for the new cat?	Yes	No	

Please check any/all characteristics that best describe the primary caregiver:

- Retired Stay-at-Home Parent Employed Part-Time Employed Full-Time
- College Student Child/Adolescent Other _____

How will you exercise your cat? _____

Are you willing to deal with unforeseen circumstances this cat may present? Yes No

How do you plan to deal with:

- Scratching (furniture or people) _____
- Climbing on furniture/counters _____
- Chewing plants/cords _____

What brand of food will you feed your cat? _____

Where will you primarily keep your cat? Inside Outside Both, please explain: _____

When not at home, the cat(s) will be: Crate Trained Free roam of house Outside Other _____

If/When outside, how will the cat be confined? Fenced Yard Harness & lead Covered fenced area N/A

If the cat will be kept in an outdoor enclosure, please describe the enclosure and note when they will be confined to it (during what hours of the day, and what times of year, etc): _____

If you have any additional comments, please put them here: _____

Pet Ownership Experience

* If you have not owned any pets in the last five years, and there are no pets currently living in the home with you, please check here: _____ (you can leave the following section blank)

What Vet Clinic do you use? _____ Phone _____

What is the pet owner's name on the account at the vet clinic? _____

In the box below, please list all pets you have owned in the last five years (including those no longer with you), and all pets currently living in the home (this includes pets belonging to roommates, etc.)

Species (cat/dog/bird)	Name	Sex (M/F)	Type/Breed	Kept Where (In/out/both)	Age	Spayed/ Neutered (Yes/No)	Still Own? (Yes/No)

OFFICE USE ONLY

If you no longer have any of the pets listed above, please explain what happened to them: _____

Please Read Carefully and Sign:

The undersigned applicant hereby grants the Eau Claire County Humane Association permission to confirm any information provided in this application with any appropriate third party source, including landlords, veterinarians, etc. The information obtained will be held in confidence and used only by the Eau Claire County Humane Association for purposes of this adoption application. I certify that all the information on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. I also understand that this adoption application is at its own discretion. It is specifically understood that the Eau Claire County Humane Association reserves the right to deny any adoption application at its own discretion.

Signature _____ Date _____

OFFICE USE ONLY

Date Received _____

Home Ownership Verification: Name Listed on H/O _____ Okay Unavailable

Landlord Verification: N/A Contact w/ Lld _____

Approved (date/initials) _____ LLD REQUIREMENTS: _____

Denied (date/initials) _____ comments: _____

Vet Notes: _____

Pet Point: _____ Survey: _____

Messages

Date	Initials	Message

Initial Contact Date: _____ Coordinator: _____

Items for discussion

Notes/Results

Items for discussion	Notes/Results

Other notes during initial contact: _____

Additional Contact

Date: _____ Coordinator: _____ Notes _____

Date: _____ Coordinator: _____ Notes _____

Date: _____ Coordinator: _____ Notes _____

Other Notes: _____

PENDING

Coordinator: _____

Date: _____

Items Needed: _____

APPROVED

Coordinator: _____

Date: _____

DENIED

Coordinator: _____

Date: _____

Reason: _____