



Cat Adoption Application

Name of the cat you are applying to adopt: _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

PLEASE BE AWARE THAT THE BCHS RESERVES THE RIGHT TO REFUSE ANY ADOPTION FOR ANY REASON THAT WE FEEL IS NOT IN THE BEST INTEREST OF OUR ANIMALS.

I/we the applicant(s), certify by my/our signature(s) below that I/we have read and understand the above noted refusal right of the Butler County Humane Society (BCHS).

Signature: _____ Date: _____

Signature: _____ Date: _____

Are you over 21 years of age? Yes No

If you are under 21, you will need a co-signer to adopt.

Signature of co-signer: _____ Date: _____

Printed name of co-signer: _____

Relationship to adopter: _____

Emergency contact. Please list someone other than yourself or living in your home.

Name: _____ Phone: _____

References. Please provide the names and phone numbers of two references. One must be a non-relative and both references must not reside in your residence.

Name: _____ Phone: _____

Name: _____ Phone: _____

THIS APPLICATION DOESN'T HOLD ANY ANIMAL & CANNOT BE CONSIDERED UNTIL IT IS RETURNED TO THE BUTLER COUNTY HUMANE SOCIETY.

Do you live alone? Yes No

If no, please list all people living with you and their ages:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

*All members of the household must come to the shelter to meet the animal you wish to adopt. If you have any concerns about this policy, please speak to management.

1) Does anyone in the household suffer from allergies to pets? Yes No

If yes, how do you plan to handle this? _____

2) Is anyone in the household fearful of or nervous around animals? Yes No

If yes, how do you plan to handle this? _____

3) Who is the employer for you or other adults in the home? (specify if other) _____

4) Are there any regular visitors to your home, human or animal, with which your new pet must get along? Yes No

If yes, please explain: _____

5) Please list all owned pets currently living inside and outside the home:

Name:	Species:	Age:	Breed:	Spayed/Neutered?

6) What is your vet clinic's name and phone number? _____ () _____

7) You may be required to call your vet and allow them to release your information to us. Would you be willing to do so? Yes No
If no, why not? _____

8) Are the animals in the household up to date on vaccinations? Yes No
If not, please explain: _____

9) Have you owned a pet in the last 5 years that is no longer with you? Yes No
Where is this pet now? (check one)
 Lost Stolen Gave away Died Other
Please explain: _____

10) Are any cats in the household declawed? Yes No

11) Are you declawing the cat/kitten you are adopting? Yes No

12) Are all dogs in the household licensed? Yes No County: _____

13) Have the pets you currently own been introduced to other animals? Yes No
If yes, how did they react? _____

14) Please indicate your type of residence: (check one)
 House Apartment Condo Mobile home Trailer
 Farm Ranch Townhouse Dormitory

15) Do you (check all that apply):
 Rent** Own Rent-to-own** Live with roommates
 Live with other adult who owns the home Live with parents

*If you live in a mobile home that is in a trailer park, please list the name and phone number of the owner/manager of the park: _____

**If you rent or rent to own, please list the name and phone number of your landlord or the person you are buying from: _____

16) How long have you lived at your present address? _____

17) What kind of animal are you looking for? (check all that apply)
 Personal/Family companion Child's companion Gift
 Companion for other pet Therapy Mouser

18) What is your home environment like? (check all that apply)

- Quiet Active Near a highway No Yard Country setting
 Pet door Unfenced yard Fenced yard Invisible fence
 Pond/pool A lot of visitors We travel a lot

19) Have you adopted from a shelter before? Yes No Date: _____
Where is that pet currently? _____

20) Have you ever surrendered a pet to a shelter? Yes No Date: _____
What were the circumstances? _____

21) Who will be the person responsible for the day-to-day care of this animal (e.g., litter box cleaning, grooming, nail trimming)? _____

22) Who will care for the pet if you are away overnight or longer? _____

23) Where will the pet be when you are not home? _____

24) Where will the pet sleep? _____

25) What breed of cat are you looking for? _____

26) What kind of cat are you looking for? (check all that apply)

- Playful Lap Cat Independent Likes dogs Likes other cats
 Likes children Sociable Declawed Barn cat

27) Age : (check one)

- 2-3 months 4-12 months 1-3 years 4-7 years Senior No preference

28) Would you prefer: (check one)

- Short hair Medium hair Long hair No preference

29) Sex : (check one)

- Male Female No preference

30) Are you looking for: (check any that apply)

- Indoor only Indoor/Outdoor Outdoor only

31) What behaviors do you consider to be not acceptable in a cat? _____

32) What will you do if the cat is destructive when left alone? _____

33) Do you have an area to isolate the cat if destructive? Explain: _____

- 34) How do you plan to discipline the cat? _____

- 35) It can take several weeks or even months for a new cat to adjust to its new home and family, especially if other pets are involved. Are you prepared to allow this much time? Yes No
- 36) Even pets that were previously housebroken are likely to have some accidents in their new home as they adjust. Are you willing to deal with this? Yes No
How? _____
- 37) What will the feeding schedule be? _____
- 38) What do you expect to spend on food per month? _____
- 39) What do you expect to spend on vet bills per year? _____
- 40) What other animal related expenses do you expect to have to pay for the animal you are adopting? Please be specific: _____
- 41) Would you consider adopting a cat with special needs or a disability? Yes No
- 42) Would you consider adopting a cat who is fearful or not very social? Yes No
- 43) At what point would you consider euthanasia for your pet? _____

- 44) What circumstance would justify you wanting to return/re-home this animal? _____

Circle all topics you would like to staff to discuss with you?

- Grooming/ Nails Litter box issued Biting Declawing Feeding
 Fighting with other cats Getting along with dogs/cats Scratching Veterinary care
 Other: _____

How did you hear about the BCHS? (check all that apply)

- Advertisement Critter Corner Event Previous adoption Radio
 Craig's list Website Word-of-mouth Walk-in Referral

Acknowledgement of Understanding

Please initial on the line below that you have read the following statements.

_____ I am financially and physically able to care for this pet. I understand that pet food and vet care can be costly, and I am able to meet those obligations.

_____ I understand that if the information I have given on this application and to the staff of the BCHS is found to be false or misleading, my application can be refused or the animal shall be relinquished to the BCHS without a refund of monies paid and I will be responsible for a surrender fee.

_____ I understand that should I adopt from the BCHS, the adoption fee, in its entirety, goes toward the care of the animals at the shelter and that this adoption fee is NON-REFUNDABLE.

_____ I understand that the BCHS accepts up to 3 applications for each animal.

Signature: _____ Date: _____

Printed Name: _____

The following behavior issues were seen in this animal prior to adoption: _____

By my signature, I verify that I am aware that this animal has shown the behaviors stated above while at the Butler County Humane Society.

Staff Signature: _____ Date: _____

Adopter Signature: _____ Date: _____

FOR STAFF USE ONLY

Employee Name: _____

Animal Name: _____

1) What information still needs gone over with the adopter on the second visit? _____

2) Does this cat/kitten have any specific behavioral problems? _____

3) Does this cat/kitten have any health problems or medical conditions currently being treated?

4) Was the medication gone over with the adopter? Yes No

5) Was the adopter shown how to trim the cat's nails? Yes No

6) Nail trim needs done 2nd visit Yes No

7) Will the animal be: Indoor Only Indoors/Outdoors Outdoor Only

8) Has everyone in the family met the cat? Yes No

If no, who still needs to come in? _____

9) Do they rent or own? Rent Own

10) Do they have any dogs? Yes No

11) Was the dog introduction done? Yes No

12) What was the cat's reaction? _____

13) Other comments: _____

