Application to Adopt a Cat from BCHS

This form is a written application. When completed, the adoption representative will review your application and approve or deny placement based on the information you provide here and in personal interview. Please do not hesitate to ask any questions pertaining to the application process. We are happy to help you. Filling out an application does not guarantee that you will be selected to adopt an animal.

What is the name of the cat you're interested in?_____BCHS ID #_____

Contact/Personal Information (Please print legibly)

Name (First & Last):_____

Spouse's Name (if applicable):_____

Address:_____

City, State, Zip:_____

Phone # (H)_____(Cell)_____(W)_____

Email Address:_____

Driver's License Number:_____

Veterinarian's Contact Information

Do you have a vet? Yes_____No_____ If yes, please provide his/her contact information.

Name (First & Last)_____

Name & Full Address of Clinic:_____

_____

Phone Number of Vet:_____

Length of Relationship:_____

Employment Information

Are you employed? Yes_____No_____

Name of employer:_____

Hours per week?_____

Home Information

How many adults in the house, including yourself?_____

Please list their names and the approximate number of hours each works weekly.

_____

_____

Living Arrangement

Are there children in the home? Yes_____No_____

If yes, please list names and ages of each.

_____
_____
_____
_____
_____

Do you own your home? Own_____Rent_____

If Rent, name of landlord and phone number

_____
_____

If own, name of your homeowner's insurance company: _____

Name and phone number of insurance agent

_____
_____

Type of Home (single family, townhome, apartment, mobile home)_____

Cat Care and Accommodations

How many hours per day will the cat be alone?_____

Will the cat be a house pet or indoor/outdoor? _____

What will happen to this animal if you move?

_____
_____

Who will care for your pet(s) if you go on vacation?

_____
_____

Other Pets

Are there any other pets in your current family? Yes_____ No_____

If yes, please describe each in detail (type, breed, age, spayed or neutered, vaccinated, special diets, etc)

_____
_____
_____
_____

What is your position on spaying/neutering animals?

_____
_____

Have you had other pets before (not counting current pets)? Yes_____ No_____

If yes, please describe them and why they are no longer with you.

_____
_____
_____
_____

Interest in Cat

Please explain what you like about this particular cat.

_____
_____

What behavioral or training issues are you prepared to deal with?

_____
_____

What behavioral or training issues are you not prepared to deal with?

_____
_____

Surrender/ Return

If you were to return this cat for any reason(s) what might it/they be?

_____
_____
_____

If for any reason you are unable to keep this cat, will you return it to this shelter? Yes_____ No_____

References

Please provide the contact information for a reference.

1. Name, Address, Phone, Email & Brief description of relationship.
   _____
   _____
   _____
   _____
   _____
   _____

Comments/ Questions

Do you have any additional info, questions or comments that you would like to submit along with your application?

_____
_____
_____
_____

Signatures

Thank you for taking time to complete this application. Submitting this application does not guarantee placement of any animal. Brown County Humane Society maintains the right to deny adoption based on the information received from this application and in person. Please be aware that by signing below, you certify that the above information is true to the best of your knowledge and you understand that prior to being approved for adoption, we will verify this information to the best

of our ability. Also, by signing this application you agree to a personal interview by a representative of Brown County Humane Society, at which time you will be asked additional questions to enable us to make the best possible decision for the animal.

Signature of adopter_____ Date_____