

Humane Society of Montgomery County Cat Adoption Application

Animal Applied for: _____ Adoption Counselor _____

Applicant Information

Name _____		Phone _____
Address _____		Apartment # _____
City _____	State _____	Zip _____
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other - explain _____		
<input type="checkbox"/> House <input type="checkbox"/> Townhouse/Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Dorm		

Are you 18 years of age or older? ☐ YES ☐ NO

How long have you lived at this address? _____

Landlord's name and phone number? _____

If renting are you allowed to have pets? ☐ Yes ☐ No

Are you planning to move in the next 6 months?	Where to?
Number of adults living in the household?	
Number of children living in the household?	Ages of children?
Is anyone in the household allergic to pets?	

Are you a student? ☐ Yes ☐ No Where? _____ How long? _____

Parents Name and Phone Number _____

Why would you like to adopt an animal from us? (check all that apply)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Companion for self | <input type="checkbox"/> Gift |
| <input type="checkbox"/> Companion for child | <input type="checkbox"/> Mouser |
| <input type="checkbox"/> Companion for another pet | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Companion for another household member | |

Employment Information

Employer: _____	Position held: _____
How long have you been with this employer? _____	Work phone: _____

Pet Information – Please list all animals owned in the last 10 years

Name	Breed	Age	Gender	Spayed or neutered?	Where is the animal kept?	Still Own?
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N*		<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N*		<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N*		<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N*		<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N*		<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N*		<input type="checkbox"/> Y <input type="checkbox"/> N

****If any of your animals are not spayed or neutered, please explain why. (i.e. too young, breeding, medical reasons, etc)*** _____

Are all of your animal's currents on their annual vaccines? ☐ Yes ☐ No ☐ Not sure

Veterinarian's name and phone number _____

some clinics will not release information to the HSMC, to verify that your animals are current on their vaccines you may be required to bring in vaccine records for your animals.

Have you ever given any animal away or relinquished an animal to a shelter? ☐Yes ☐No
If yes, please explain the circumstances_____

What will you do if your new cat develops a problem with:

Urinating outside the litterbox_____
Keeping you awake at night_____
Shedding excessive hair_____
Jumping on furniture/counters/kitchen table_____
Scratching on furniture_____

New Pet Information

How long have you been looking for a pet?_____
How much time are you prepared to allow for your new pet to adjust to your home?_____
Are you able to afford a bill of \$500.00 (or more) for emergency vet care? ☐Yes ☐No
Are you committed to providing a home for your pet's entire life (15+years) ☐Yes ☐No
If you have to move, what do you plan to do with your pet(s)?_____
Who in your household will be the cat's primary care giver?_____
Where will the cat be kept during the day?
During the night?_____
How often will your cat be let outdoors?_____
Do you plan to declaw your cat? If yes, when? (ASAP, if scratching becomes a problem, etc.)_____
Are you willing to provide this animal with ANNUAL veterinary care? ☐Yes ☐No

References

Please list 2 personal references below:

1. _____
(Name) (Relationship) (Phone Number)
2. _____
(Name) (Relationship) (Phone Number)

PLEASE READ CAREFULLY , INITIAL, AND SIGN BELOW

By signing below, I certify that the information I have given is true, and I realize that any false or misleading information will result in the Humane Society of Montgomery County (HSMC) denying my application for adoption. _____Initial

I understand that the HSMC has the right to deny my request to adopt an animal for any situation that would be contrary to the adoption policies of the HSMC, in violation of any state or local ordinance, or not in the best interest of the animal. _____Initial

I give the HSMC permission to contact my veterinarian, landlord, and personal references to verify information. _____Initial

I understand that if my application is denied, I will not be permitted to apply for adoption through the HSMC for a period of 90 days. _____Initial

Signature_____

Date_____