



# Cat Adoption Application

Thank you for your interest in a Middletown Humane Society cat. Please complete the entire application. Incomplete applications will be returned for completion, thus slowing the application process.

Name of pet you are interested in: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Are you 21 years or older? \_\_\_\_\_

Will this be your first cat? Yes No

List what kinds of pets have you have had in the past 5 years:

\_\_\_\_\_

Name	Age	Breed	Sex	Neutered?	Still Have?	If no, why?

Please give your veterinarian's **name, address** and **phone number** (if known): \_\_\_\_\_

\_\_\_\_\_

Have your animals been spayed or neutered? Yes No Don't Know

Are they current on vaccinations? Yes No Don't Know

Will you keep **this cat** up to date on vaccinations? Yes

Have your cats been tested for feline leukemia? Yes No Don't Know

Have they been tested for FIV? Yes No Don't Know

Are they declawed? Yes No Don't Know

If yes, where is the cat declawed? Front Paws All four paws

What type of cat behavior would you have the most difficulty in dealing with for any length of time? \_\_\_\_\_

What would you do to handle this situation? Please explain. \_\_\_\_\_

Have you ever turned your cat in to a shelter? Yes No

If you have pets, will they adjust to a new cat entering the house? Yes No Don't Know

What would you do if the present cat or dog does not get along with the new cat? \_\_\_\_\_

How much time would you give the adjustment period? \_\_\_\_\_

Why do you want this cat?

- Companion
- Companion for other pet
- Gift
- Other – Please Explain: \_\_\_\_\_

Does everyone living in your home know about and agree with your decision to adopt a cat? Yes No

How many adults are in your household? \_\_\_\_\_

How many children and their ages? \_\_\_\_\_

Does any member of your household have an allergy to cats? Yes No

Is someone home during the day? Yes No

How many hours each day will the cat be alone? \_\_\_\_\_

Where do you live?

- House
- Apartment
- Condo
- Mobile Home

Do you own or rent your home?	Own	Rent
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If you rent, may we contact the owner to obtain permission for this cat to live in your home?	Yes	No
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Owner's name and phone number: \_\_\_\_\_

Where will you keep the cat?

- In the house
- Outdoors
- Free access both indoors and outdoors
- In the barn
- Other – Please Explain: \_\_\_\_\_

Do you have a cat or dog door?	Yes	No
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Will you have the cat declawed?	Yes	No	Maybe
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Are you aware of the potential side effects of declawing?	Yes	No
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If you go away for a few days, or on a vacation, who will take care of the cat? \_\_\_\_\_

\_\_\_\_\_

If you move, will you take the cat with you?	Yes	No	Don't Know
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Have you ever applied to Middletown Humane to adopt an animal?	Yes	No
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If yes, when? \_\_\_\_\_

Have you ever brought animals to Middletown Humane?	Yes	No
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If yes, please explain: \_\_\_\_\_

Are you willing to have a representative of Middletown Humane come to see where the cat will be living?	Yes	No
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Are you willing to take responsibility of this cat for the next 10 to 20 years?	Yes	No
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What provisions will you make for the cat should you become unable to care for him/her? \_\_\_\_\_

How much are you willing to spend on medical bills for your cat?

- Up to \$100
- Up to \$500
- Up to \$1,000
- Up to \$5,000
- Whatever it takes

What would you do if the vet bills went over this amount? \_\_\_\_\_

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Additional comments: \_\_\_\_\_

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Two Personal References (no relatives)

Name

Phone number

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I certify the above information is true. I understand that giving false information on the application is grounds for denial of application and repossessing the cat if the application is approved. I understand the Middletown Humane Society reserves the right to deny any application.

Signature \_\_\_\_\_ Date \_\_\_\_\_