

Approval

Cherryland Humane Society
1750 Ahlberg Road Traverse City, MI 49696
office (231) 946-5116 · fax (231) 946-3299 · www.cherrylandhumane.org

Cat Adoption Application

Pet ownership is a serious responsibility. The Cherryland Humane Society strives to ensure that each person who adopts a pet is aware of, and willing to, accept that responsibility. The questions on this form are designed to help our staff make sure there is a good match between each animal and family.

Our Adoption Procedure: (You must be 21 or older to adopt) completely fill out, sign, and submit this application. Your application will be reviewed, and a vet-check done. Upon final adoption approval, an adoption contract will need to be completed, the adoption fee paid, and then you can take home your new family member after they have been spayed/neutered.

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|-----------------|--------------------------------------|----------------------|
| Name: | Age: | Today's date: |
| Address: | Phone Numbers | |
| City: | Home: | |
| State: | Cell: | |
| Zip: | Work: | |
| Email: | Name of cat(s) interested in: | |

Do you live in a **Home, Apartment, Condo, Duplex, Mobile Home, or Other?**

Do you own or rent?

*proof of home ownership may be requested

If renting, what is the name and phone number of landlord:

*approval from landlord may be requested in writing

How long have you lived at this address?

Do you plan on moving within the next 6 months?

What will happen to your pets if you move?

Please list all of the people living in your household

| Name | Age | Relation |
|------|-----|----------|
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Do you have any children under the age of 10 years visiting frequently?

Please list **ALL** of the pets you have had within the last 5 years (past and/or current)

| Name | Dog, cat, or other | Male or Female | Age | Spayed/ Neutered? | Breed | Indoor/ Outdoor | If deceased, when did pet pass away? | If did not pass away, where is pet now? | How long did you have the pet? |
|------|--------------------|----------------|-----|-------------------|-------|-----------------|--------------------------------------|---|--------------------------------|
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Name and phone number of current veterinarian:

Name and phone number of previous veterinarian:

Have you ever adopted an animal from this shelter or any other organization?
If so where and when:

Have you ever surrendered an animal to this shelter or any other organization?
Is so, where/when? And please explain:

Have you ever given an animal away to another person? If so, please explain:

Have you ever lost an animal? If so, please explain:

Do you or any members of the household have allergies? If yes, please explain:

What do you estimate the annual cost to care for a cat to be?

Where will your companion cat be kept? (circle one)

Strictly Indoors **Mostly Indoors but allowed outdoors** **Most Outdoors but allowed indoors**

Indoor/Outdoor as cat pleases **Strictly Outdoors** **Barn Cat Only**

Do you plan to de-claw your new cat? If yes, just front de-claw or all four paw de-claw?

Are you willing to try alternatives to de-clawing?

Have you ever had a cat in the house that had troubles using the litter box?

What would you do if your new adopted cat stopped using the litter box?

How much time are you willing to work with your new companion cat to reverse negative behaviors?

What circumstances would cause you to give your companion cat away or return him/her to the shelter?

What are your concerns about adopting a new companion cat?

In the event that you are unable to care for your animal (hospitalization, disability, assisted living, etc.), who will be responsible for the care of the animal?

Name:

Address:

Phone Number:

CHS reserves the right to contact the above person and verify this information

Please initial that you understand that multiple applications can be submitted for the same animal and that the Cherryland Humane Society does not guarantee approval upon submission. _____

Please initial that you accept and understand that a representative from CHS has the right to do a home visit prior to adoption and as a follow up after adoption. _____

*By signing this application you accept and understand that a representative from CHS has the right to do a home visit prior to adoption and as follow up after adoption.

*I certify I have read the above information carefully. I certify that the information in this application is true, and understand that false information may result in denying or nullifying this adoption.

* I understand that if an omission or untruth is discovered after an adoption takes place, the Cherryland Humane Society reserves all rights to annul the adoption and reclaim the animal.

*I give the Cherryland Humane Society permission to fully investigate the information provided, as well as contact veterinarians and related officials.

*I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal.

*I understand it is the Cherryland Humane Society prerogative to decide which home is most appropriate and that their decision is final; therefore, I will not argue with the decision. Unless otherwise indicated by the Cherryland Humane Society, I am free to apply and undergo the application process in the future.

Applicant Signature _____

Print Name _____ Date _____

Co-Applicant Signature _____

Print Name _____ Date _____