

Animal interested in:

Barn Cat Adoption Application

1750 Ahlberg Road Traverse City, MI 49696 (P) 231-946-5116 (F) 231-946-3299 info@cherrylandhumane.org

Adoption Counselor:

Thank you for your interest in adopting from Cherryland Humane Society (CHS)! We are excited to help you find your new family member. Please take a moment to read through and complete the following information with as much detail as possible.

Name: _____ Age: ____ Date: ____

Address:			City:						
Main Phone:				Secondary Phone:					
Email Addre	ss:								
responsibili		ership. P	lease ui	nderstand th		_	to, accept the oplications for each		
Do you own or rent? Own		Own	Re	ent	Apartment	House	Other		
Please provi	de name & nu	mber of	your land	dlord:					
Please list al	l of the people	living in	your hou	ısehold:					
Name			Age		Relation		Allergic to dogs/cats?		
-		-		-	pet?				
Please list Al	L L of the anima	als that h	ave lived	the househo	old over the last 5	years (Pas	t and/or Current)		
Name	Breed	Sex	Age	Spayed/ Neutered	Indoor/Outdoor	_	u currently have his animal?		
	1	1	ı		1				

What will happer	n to your pets if you m	ove:						
Please explain ho	ow familiar you are wit	th adopting a ba	arn cat?					
Have you ever su	rrendered or given an	y animals away	7?					
Which best descr	ribes the shelter the ca	t will have acce	ss to/living: BA	RN SHOP GARAGE CAT				
HOUSE								
Please des	scribe the structure: _							
How often	ı is this shelter visited	?						
Do you currently	have other cats that s	hare this shelte	r? YES	NO How many?				
Do you have the	needed supplies/room	to keep the ca	t confined until it	acclimates to its new surroundings?				
YES	NO Please	explain:						
Who will be resp	onsible for the barn ca	ts' care?						
Do you plan to de	eclaw? If yes, please ex	plain why?						
What type of cat	are you interested in?	FERAL	SEMI-SOCIAL	SOCIAL - OUTDOOR ONLY				
SOCIAL - INDOOR/OUTDOOR								
Do you agree to	o confine the cat ur	itil it has had	time to acclima	ate to its new surroundings (2 -				
4 weeks), to pr	rovide fresh food/w	ater daily, th	e necessary ve	terinary care needed (rabies				
vaccination), a	nd to provide safe/	warm shelte	r for the cat? II	NITIAL				
Are you willing to	o consult a professiona	al (Veterinarian	/Trainer/Behavi	orist)?				
List at least one o	circumstance that wou	ld cause you to	return your adop	ted cat to CHS:				
Who will be resp	onsible for the care of	your animal in	case of emergeno	y?				
Name:	ame: Phone Number:							
CHS reserves the right	t to contact to above person a	nd verify this inform	nation					
prior to adoption a *I certify I have rea that false informat *I understand that Society reserves al *I give the Cherry contact veterinar *I understand the a family and home to *I understand it is their decision is fir	and as a follow up after a ad the above information tion may result in denying if an omission or untrutal all rights to annul the adout and Humane Society prians, landlords, and re adoption decision is dep to the individual animals, the Cherryland Humane	doption. In carefully and the gor nullifying the his discovered aption and reclair permission to fulated officials. In endent on many and other applies Society's prerogargue with the desired to the second of the desired of the desi	nat the information his adoption. Ifter an adoption tan the animal. Illy investigate the factors, including becations received on the ative to decide whis ecision. Unless other	ch home is most appropriate and that rwise indicated by the Cherryland				
Applicant Signatu			Print:	Date:				
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