



Cat Adoption Application

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info@cherrylandhumane.org

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.

Animal(s) interested in: _____ Date: _____

Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Main Phone: _____ Secondary Phone: _____

Email Address: _____

CHS strives to ensure that each person that adopts a pet is aware of, and willing to, accept the responsibility of pet ownership. Please understand that CHS accepts multiple applications for each animal and applicants must be 21 years of age. I have read and fully understand the adoption/application process. Initials: _____

Do you own or rent? (circle) OWN RENT | Apartment House Other

Please provide **NAME & NUMBER** of your landlord: _____

NAME & NUMBER of current and/or past Veterinarian: _____

Please list **ALL** of the animals that have lived in the household over the last **5 years** (Past and/or Current)

Name	Species/Breed	Sex	Age	Spayed/ Neutered	Indoor/Outdoor	Where is the animal currently?

Please list **all** of the people living in your household:

Name	Age	Relation

Personality

I am looking for a cat that will be/enjoy: *(Please check boxes)*

Active	Playful	Relaxed	Lazy	Being Alone	Being Around People	Taking Naps	Sitting in Laps	Being Held	Snuggler	Other

Environment

What is your household activity level? *(circle)* BUSY | MODERATE | RELAXED

What ages of visitors, visit your home? 0-3 | 3-9 | 10-17 | 18-29 | 30-59 | 60+

Where will your cat be living? INSIDE | OUTSIDE | BOTH

If your cat goes outside, please elaborate *(why & how)*: _____

Routine

When it comes to living with cats, I tend to be: *(circle)*

Easygoing *(little to no rules)*

Moderate *(not always follow the rules)*

Strict *(stick to the rules)*

How often are you planning to exercise your cat? _____

Do you plan to declaw your cat? *(circle)* YES | NO

If yes, please explain why: _____

What scratching alternatives are you willing to try? *(circle all that apply)*

PROVIDE SCRATCHING SURFACES | TRIM NAILS | NAIL CAPS | OTHER: _____

What scratching surfaces will you provide for your cat? *(circle all that apply)*

CAT TREE | FLOOR SCRATCH PAD | SCRATCH TOWER | ROPE | CARDBOARD | OTHER: _____

Please answer the following questions about your adoptive cat's litterbox use:

What type of litterbox will you use?	
How many boxes will be available?	
Where will they be located?	
What type of litter will you use?	

Training

What would you be willing to train/work on, with your adoptive cat? *(Please check boxes)*

Litterbox Issues	Counter Surfing	Inappropriate Scratching	Nervousness Around Strangers	Reactivity to Other Animals	Medical Special Needs	Active at Night	None

Do you understand bringing an adoptive pet home will take transition time & training? YES | NO

Will you commit to this transition/training and agree to follow CHS post adoption advice? YES | NO

Sociability

My cat's sociability would need to be: *(Please check boxes to the following)*

	No Preference	Does not Apply to Me	Good Friendly	Neutral Calm	Fair	Willing to Work On	Other
Dogs							
Cats							
Toddlers (0-5 years)							
Children Under 12							
Teenagers (12-18 years)							
Seniors (60+ years)							
Frequent Strangers/Visitors							
Squirrel, Rabbit, Birds, etc.							
Being Held/Picked Up							

Have you ever surrendered or given any animal away? YES | NO

If yes, please elaborate: _____

List at least one circumstance that would cause you to return your adopted dog to CHS: _____

If you are unable to, who will be responsible for the care of your animal?

Name: _____ Phone Number: _____

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

* 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 a follow up after adoption.

* I certify I have read the above information carefully and that the information in the application is true. I 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, landlords, 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 animals, and other applications received on this animal.

* I understand it is the Cherryland Humane Society's 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:** _____ **Date:** _____

FOR Cherryland Humane Society USE ONLY

Staff Application Check: Initials: _____

Adoption Counselor: _____

- Adoption Includes (*spay/neuter, vaccinations, microchip, behavioral help*)
- Declawing Alternatives/Problem Behaviors
- Behavior/Medical run down of animal
- We accept multiple application
- Attempt to pair family needs with animal needs. (*energy level, kids, other pets*)

Notes:

Application Committee

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Landlord | <input type="checkbox"/> Cat Test (In-Shelter) |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Dog to Dog |
| <input type="checkbox"/> DNA | <input type="checkbox"/> Animal S/N & UTD |

Notes: (*include dates & initials*)

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