



Cat Adoption Application

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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 Submitted: _____

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

CHS will be calling your landlord and veterinarian.

This is vital information that is required before an adoption can proceed.

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? (home, friend, passed)

Upon adoption, are you aware that you will be responsible for routine veterinary care for your companion animal, (\$300+ expense per year) such as: annual vaccinations, worming, flea control, heartworm testing/prevention, and emergency care? (circle) YES | NO

Environment

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

Name	Age	Relation

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)*: _____

Personality & Care

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

Active	Playful	Relaxed	Lazy	Being Alone	Being Around People	Snuggler	Sitting in Laps	Being Held	Being around other pets

Do you plan to declaw your cat? *(circle)* YES | NO If yes, please explain why: _____

Scratching is a natural and necessary behavior for cats. **How will you manage and provide the opportunity for appropriate scratching?** _____

Litterbox type, size, location, and litter type used is an important aspect of cat ownership. Each individual cat should have their own box, located in a comfortable area of your home, with a large enough box for the cat to dig/turn around, and the litter should be scooped daily. All of this will help with appropriate litterbox use. **How will you ensure your adoptive cat is provided with appropriate litterbox care?**

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, and commitment? It may take months for your new pet to feel comfortable within their new space. *(circle)* YES | NO

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

If yes, please elaborate: _____

If you move, what will you do with your new pet? Please think about possible future situations: financial status, living situation, children, job changes, etc. _____

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

Name: _____ Phone Number: _____ Relation: _____

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:** _____

**This application is valid for six months from the date signed.*

FOR Cherryland Humane Society USE ONLY

Staff Application Check: _____

Adoption Counselor: _____

- ☐ Landlord
- ☐ Veterinarian
- ☐ DNA
- ☐ Pet Specifics/Needs Discussed

Notes:

