

HUMANE

SOCIETY OF FORSYTH COUNTY



a NO KILL shelter

Cat and Kitten Adoption Application

In order to be considered for an adoption you must: 1) be 21 years of age 2) have the knowledge and consent of all adults living in your household to adopt a pet 3) have a valid ID with current address 4) understand that completing this application does not guarantee adoption and that the Humane Society of Forsyth County must approve your application.

Please complete the following form and submit your adoption application for review:

*** Required Entry**

Name*:

Home Phone*: Cell Phone:

Cat or Kitten applying for by name:

Cat or Kitten applying for by C or K #:

Address*: Apt.#

City*: State*: Zip Code*:

Do you: Work Attend School (Circle One)

Employer:

Work Phone:

Email Address:

Best number to call you weekdays? Home Cell Work (Circle your preference)

The Humane Society:

How did you hear about us?

Would you like to find out more about volunteering, fostering, or socializing animals? Yes No (Circle One)

Have you ever had to turn an animal into a shelter before? Yes No (Circle One)

Have you ever applied to adopt an animal from the Humane Society of Forsyth County?* Yes No (Circle One)

Have you ever adopted an animal from the Humane Society of Forsyth County?* Yes No (Circle One)

If yes, who did you adopt?

Would you agree to a home visit from a Humane Society Volunteer as a condition of adoption?* Yes No (Circle One)

What would be the best time(s) for a representative of the HSFC to call or come to your home to check on the cat's well being?

Your New Cat or Kitten:

Why do you want a cat?*

If gift, who will be the recipient?

Does the gift recipient live with you?

Yes No (Circle One)

Will it be indoors, outdoors, or both?* Indoors/Outdoors/Both (Circle One) Where will he or she live, i.e., basement, garage, house?*

What percentage of time will the cat spend outside?* Inside?*

How much time will this cat be alone (without human or other animal companionship) Hours:
Days a week:

Under what circumstances will you declaw your cat? Choose all that apply: Scratching children/people Scratching furniture Scratching carpet/rugs Other pet is declawed and cannot defend itself against one not declawed Climbing things in the house I do not believe in declawing

Other reasons why you would consider declawing:

Are all your current pets up to date on vaccines? Yes No (Circle One) Are current pets spayed or neutered? Yes No (Circle One)

If not, please explain?

Please list all pets your family has owned in the past 10 years, including where they are now, Doctor that animal was seen by including Vet's phone number.

Do you give Humane Society of Forsyth County permission to contact vet? *

Veterinarian for your new pet:*

Practice Name:* **Phone:***

Pet 1: Dog Cat Bird (Circle One) Where are they now?

Veterinarian Clinic/Doctor: Contact Information - phone:

Pet 2: Dog Cat Bird (Circle One) Where are they now?

Veterinarian Clinic/Doctor: Contact Information - phone:

Pet 3: Dog Cat Bird (Circle One) Where are they now?

Veterinarian Clinic/Doctor: Contact Information - phone:

More than 3? Yes No (Circle One) If yes, you can provide Humane Society of Forsyth County (HSFC) more details later.

How much would you expect to spend yearly on **routine** vet visits, health care, and food for this pet? * \$

(Expenditures include, annual vet checks and shots, healthy food, dental care, heartworm and flea preventative.)

A cat can live well over 10 years and requires a major commitment of time, finances, and emotion. Why do you feel you can make this commitment at this time?*

Your Home and Family:

How many people in your home? * Do you have children in the home? * (Please choose one)

Yes No On the way (Circle one)

If Yes, what ages? Years Months Years Months Years Months

Do any members of your household have allergies? To what?

Do you rent or own home? * Rent Own (Circle One)

If you rent, please supply Landlord's contact information:

Name:

Address:

Phone:

How long have you lived at your current address? * Years Months If less than 1 year, please list previous address and time spent at previous address:

Years Months

Do you plan to move in the next 12 months? *(Must choose one) Yes No (Circle One)

I understand that this application is the property of the Humane Society of Forsyth County and that the Humane Society of Forsyth County has the right to deny my request to adopt. Yes *

Do you agree to return your pet to HSFC if your conditions change and you are no longer able to care for your cat? Yes, I agree OR No, I disagree *

Are you willing to accept this pet as a part of the family, and give it a kind and loving home? Yes, I agree OR No, I disagree *

Are you at least 21 years of age? Yes, I agree OR No, I disagree * Date of birth?

I, _____ hereby certify that all the information given is true and correct and the cat will live in my home as a pet. I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. *