



Office Use Only
Animal Name: _____
Animal Number: _____

CAT ADOPTION APPLICATION

Name: _____ Phone: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Who will be primary caregiver of cat? _____

Reason for wanting a cat? Companion Companion for pet For children Mouser Gift

How would you describe the activity level in your home? Calm Moderate Party Time!

My veterinarian is: _____ Location: _____

Please list current pets:

Dog Cat Name: _____ Age: _____ Male Female Spayed/neutered? Y/N

Dog Cat Name: _____ Age: _____ Male Female Spayed/neutered? Y/N

Dog Cat Name: _____ Age: _____ Male Female Spayed/neutered? Y/N

Dog Cat Name: _____ Age: _____ Male Female Spayed/neutered? Y/N

Do all members of your household know of your plan to adopt a cat? Y/N If no, why? _____

Will your cat stay: Indoors only Outdoors only Indoors and Outdoors Barn

Under what circumstances would you have the cat declawed? _____

I would like more information on the following:

Litterbox training/problems Nutrition/What to feed my cat Declawing

How to introduce this cat to a dog How to introduce this cat to other cats

I need to find a local veterinarian How to trim my cat's toenails Medical care

Other (please specify): _____

Please read and sign:

I certify that all of the above information is true and accurate. I understand that if I adopt a cat from Humane Ohio, this form will become part of the adoption record. I authorize the release of information from veterinarians listed on this application.

Signature: _____ Date: _____