

## **SCREENING GUIDELINES FOR CAT ADOPTION**

To be completed **PRIOR** to Adoption Application/Contract.

1. Are you over the age of 21? And, can provide identification with Date of Birth?  
If you answered NO to this question, **STOP**. You are not of age to adopt. YES NO
2. Do you either own your own home or, if you rent/lease, have permission from your landlord to have a pet and will supply their name and telephone for application? YES NO
3. Are you prepared to make a lifetime commitment to this animal? YES NO
4. Will you provide adequate shelter, food and fresh water daily and with consistency? YES NO
5. Can you afford the necessary veterinary care for your pet including annual check-ups and any other necessary recommendations by your vet? YES NO
6. Are you financially able/willing to care for this animal should it get injured or sick? YES NO
7. Will you agree to use a vet-approved (Advantage/Frontline or Revolution) flea preventative on a regular basis if recommended by your vet, during flea season, OR if you have other pets that come in from the outside? YES NO
8. Will you agree to spay or neuter the animal within the required amount of time? YES NO
9. Do you agree to keep the animal, during the period that it is unaltered, within a protected area away from animals that may not be altered? YES NO
10. **Are you, and members of your family, FREE from allergies to the animal?** YES NO
11. I am adopting this animal(s) for myself, and not giving it as a gift to someone. YES NO
12. Do members of your household have knowledge of this adoption and agree with the decision to adopt? YES NO
13. I understand that housetraining accidents can happen and will try different solutions to help solve any problems, such as cleaning litter box more, using different litter, using two boxes instead of just one, trimming hair, going to the vet..... YES NO
14. I am willing to try alternatives to declawing. YES NO
15. I agree to not declaw the cat that I am considering adopting. YES NO
16. I promise to transport my animal in a safe and secure manner when in a vehicle. YES NO
17. I always supervise my pets when they are around young children. YES NO
18. I think that it is okay to let a declawed cat outdoors. YES NO
19. I am wanting an outdoor or indoor/outdoor cat. YES NO
20. I agree to provide multiple litter boxes for multiple cats if necessary. YES NO
21. I clean my cat or cats' litter box \_\_\_\_\_ times per \_\_\_\_\_.
22. Do you understand that the adoption fee will not be refundable after three days from the date of adoption should the animal need to be returned? YES NO
23. Will you promise to contact the Humane Society of Calloway County **at any time** should you not be able to care for the animal? YES NO

**Thank You for considering the adoption of a homeless animal and for taking the time to complete the necessary paperwork. We so appreciate the time taken in getting to know this potential new member of your family and in helping us to make the best match possible.**

Humane Society of Calloway County  
P. O. Box 764, 607 Poplar Street, Suite A-1  
Murray, KY 42071  
(270) 759-1884

Date \_\_\_\_\_

24. **Do you currently have Pets?** YES NO  
A. If Yes, are they spayed or neutered? YES NO  
B. If Yes, do you have a vet who would give you a good reference as a pet owner? YES NO  
C. If No, do you have a vet in mind that you can go to, or one you have seen for a pet in the past? YES NO  
D. If Yes, what are they?  
Please List

\_\_\_\_\_

25. If these pets are cats, they are fully vaccinated (FVRCP/feline leukemia/rabies) and up-to-date, AND are FREE of any Feline Diseases (Feline leukemia, FIV, FIP). YES NO

26. What happened to your pets if you no longer have them?

\_\_\_\_\_  
\_\_\_\_\_

27. Have any of your cats passed away due to Feline Leukemia, FIV or FIP? YES NO

28. Have you ever relinquished (given up) a pet that you had to the shelter? YES NO

If you have ever relinquished a pet to a shelter or given one away, please state the reason below.

\_\_\_\_\_  
\_\_\_\_\_

29. Have you ever been charged or convicted of Animal Cruelty or Neglect?

Yes [ ] No [ ] If yes, please state reasons \_\_\_\_\_

30. Have you ever engaged in the fighting of any animals (cockfighting or dogfighting)?

Yes [ ] No [ ]

31. Why do you want to adopt?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, agree that all of the information, which I have given above is correct as written and I authorize the Humane Society of Calloway County to verify any information.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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