

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

ANIMAL NAME _____
DATE _____

CAT ADOPTION APPLICATION

Your Name _____ Age _____ (must be 21)

Spouse's Name _____

Address (No P. O. Boxes!) _____ City _____ State _____ Zip _____

Mailing Address (if different) _____

Home Phone _____ Work Phone _____ Cell: 293- _____

Email: _____

Occupation _____ Employer _____

Spouse's Occupation _____ Employer _____

Reference _____ Relationship _____ Contact Info _____

I currently Own

____ house ____ condo ____ trailer For how long? _____

I currently Rent or Lease (circle one)

____ house ____ condo ____ trailer ____ apartment For how long? _____

If you Rent or Lease, do you have your landlord's permission to keep a dog or cat? ____ Yes ____ No

We must contact your Landlord prior to adoption.

Landlord's Name _____ <MUST BE PROVIDED> Phone _____

I currently live with family or friends

____ house ____ condo ____ trailer ____ apartment For how long? _____

Homeowner's Name _____ <MUST BE PROVIDED> Phone _____

How many people live at your residence? _____

Please let us know the ages of all other people living in your home _____

As an adult, have you owned a pet? ____ If Yes-what? _____ No

What happened to him/her? _____

Do you currently have other animals? __No (if yes, please list...**continue on back** if more than 4)

Name Breed Sex Age Spayed/Neutered? (If no, why?) Negative for felv/fiv/fip (y/n)

VETERINARIAN _____ <MUST BE PROVIDED> Phone _____

I give my permission for Humane Society of Calloway County (HSCC) to contact my veterinarian in order to verify that I have acted responsibly concerning the medical care for my animal in both consistency and in financial good standing. **Initials** _____

Are you aware that all animals adopted from HSCC MUST be spayed or neutered with NO exceptions? ____ Yes

Are you aware of the shots required for your pet? ____ Yes ____ No

What are you prepared to spend on your pet yearly?(vet care, food, grooming, heartworm/flea/tick prevention) _____

Would you consider declawing the cat if it is not already declawed? ____ Yes ____ No

Where will your new pet live? Please Check All that Apply.

____ Indoors ____ Indoors/Outdoors w/ Supervision ____ Mostly Outdoors ____ Outdoors only ____ At barn

During a typical day, how many hours will your pet remain unsupervised? _____

Where will the pet be when you are out of town? _____

"Accidents" can happen due to training, behavior, age, physical condition and being in a new environment, are you willing to tolerate a few housetraining accidents and help the pet by trying different solutions? Check all that apply.

____ add litter box(es) ____ clean more often ____ change litter ____ change type of box ____ change box location

I acknowledge that all of the information on the Entire Application and Contract is True and Correct. And, that I am applying to adopt this pet for myself and not for someone else. I will be the responsible owner.

Signed _____ Date _____

We Reserve The Right, In Our Sole Discretion, To Refuse Any Applicant. It is for the benefit of our animals. The HSCC appreciates your consideration for wanting to provide a loving home for an animal in need.

(revised 4/08)