



Best Friends in Harford County

Cat Adoption Application

First: _____ Middle: _____ Last: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Email: _____

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

Is this your Permanent Address Temporary Address Do you plan to move soon? Yes No

Type of Residence: House Condo Apartment Mobile Home Do you rent? Yes No

If renting, do you have permission from your landlord to own the cat? Yes No Pet Deposit? Yes No

Note: A copy of your lease pet policy, or a letter of permission from your landlord, is required for all renters.

If less than 5 years at current address:

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

About Your Household:

Please list all other adults in the household: (if you need more space, please use back)

First: _____ Middle: _____ Last: _____ DOB: _____

First: _____ Middle: _____ Last: _____ DOB: _____

Do you have children living with you? Yes No If so, how many? _____ Ages: _____

Is anyone in the household allergic to cats? Yes No If so, how do you plan to cope with allergies? _____

Who watches your pets when you go on vacation? _____

About Your Current Pets:

How many other pets live at your residence? _____ Do all pets get along? Yes No

Please list all pets you have had in the past five years: (if you need more space, please use back)

Pet's Name	Species/Breed	Sex	Age	Years Owned	Spayed/Neutered	Still living with you?	If not, why?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are all your pets up-to-date on vaccines? Yes No If not, why not? _____

Do you have a regular veterinarian? Yes No Are your vet records listed under your name? Yes No

Vet/Clinic Name: _____ Address: _____ Phone: _____

Have you used any other veterinarians, clinics, or mobile vets in the past 5 years? Yes No If so, please list below.

Vet/Clinic Name: _____ Address: _____ Phone: _____

Vet/Clinic Name: _____ Address: _____ Phone: _____

Adoption Information:

Which cat or kitten are you interested in adopting? _____

Reason for wanting cat? Companion For Children Mouser Breeding

What attracted you to this particular cat? _____

Who will be primarily responsible for the care of this cat? _____

How soon do you plan on taking this cat to the vet? _____

Where will your cat live? Indoor only Outdoor only Indoor/Outdoor

If outdoors, how soon after adoption would you let this cat out? _____

Where will this cat spend the night? _____

What will happen to this cat if you need to move? _____

Have you ever had to give up or rehome an animal? Yes No If so, why? _____

What will you do if this cat stops using the litter box? _____

What will you do if this cat scratches your furniture? _____

Have you ever owned a declawed cat? Yes No Are you considering declawing this cat? Yes No

Under what circumstances would you not keep this cat? _____

Do you need any information or resources related to adopting a new cat? _____

Please read and sign. Many factors determine which applicant will be matched with a particular pet. If you are not able to adopt the pet today, it does not mean you are not considered a good pet owner or that your home is not acceptable. Our goal is to place all animals into homes that will best suit their individual needs. *By signing this application, you agree and give consent for Best Friends in Harford County to contact your veterinarian and obtain a veterinary care reference.* Please ask for clarification if you have any questions.

By signing, I agree I have read and completed this application thoroughly and understand the adoption process.

Signature: _____ Printed Name: _____ Date: _____

Email completed form to: adopt@bestfriendsinharfordcounty.org or fax to (443) 288-6642

Staff Use:	
Adoption Counselor: _____	Phone: _____
Adopter is interested in: _____ (cat's name/description/ID #)	
Cat Restrictions: _____	
Discussion Topics: _____	
Final Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> On Hold _____	
Signature: _____	Date: _____
Printed Name: _____	
Deposit Amount Received: _____	