



# Best Friends in Harford County

## Cat Adoption Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Who will be the primary owner of the cat? \_\_\_\_\_

Reason for wanting cat?      Companion      Mouser      For Children      Breeding

Veterinarian Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How soon do you plan on taking your the cat to the vet?: \_\_\_\_\_ Would you declaw the cat?      Yes      No

Do you plan to move or go on vacation soon?      Yes      No      If so, where? \_\_\_\_\_

I live in a:      House      Condo      Apartment      Mobile Home      Do you rent?      Yes      No

If you are renting, have you obtained permission from your landlord to own the cat?      Yes      No      *Deposit?*      Yes      No (circle one)

I live with: \_\_\_\_\_ Alone/Age \_\_\_\_\_      Spouse/Age \_\_\_\_\_      Other Adult(s)/Age(s)? \_\_\_\_\_      Parent(s)/Age(s) \_\_\_\_\_

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

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:*

Breed	Age	Sex	Spayed/Neutered? (circle one)	Years Owned?	Still living with you?	If not, why?
			Yes    No			
			Yes    No			
			Yes    No			

Is anyone you live with allergic to cats?      Yes      No      If yes, how do you plan to cope with allergies? \_\_\_\_\_

Where will your cat live?      Indoors only      Outdoors only      Indoors & Outdoors

If outdoors, how soon after adoption would you let the cat out? \_\_\_\_\_

Where will your cat spend the night? \_\_\_\_\_

What will you do if your cat stops using the litter box? \_\_\_\_\_

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.

***I have read and completed this application thoroughly and understand the adoption process.***

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use:**

Adoption Counselor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Adopter Is interested in: \_\_\_\_\_ (cat description) Birth Date (if known): \_\_\_\_\_

Cat Restrictions: \_\_\_\_\_

Discussion Topics: \_\_\_\_\_

Approved by: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Deposit Amount Received: \_\_\_\_\_