



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: _____

<p>Staff Use:</p> <p>Adoption Counselor: _____ Phone: (____) _____</p> <p>Adopter Is interested in: _____ (cat description) Birth Date (if known): _____</p> <p>Cat Restrictions: _____</p> <p>Discussion Topics: _____</p> <p>Approved by: _____ Printed Name: _____ Date/Time: _____</p> <p>Deposit Amount Received: _____</p>
