



# 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. 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: \_\_\_\_\_

<b>Staff Use:</b>	
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: _____	