

Cat Adoption Application



810-987-4357 Fax: 810-987-1307 bluewaterareahs@comcast.net

This questionnaire must be completed by anyone who adopts an animal from the Blue Water Area Humane Society. The Blue Water Area Humane Society tries to place all animals in permanent, responsible homes, while trying at the same time to find a suitable pet for you as it will be your responsibility for the life of the pet. Please do not consider this an invasion of your privacy. It is the policy of Blue Water Area H.S., within reasonable limits, to ensure each animal finds the most compatible home possible. You are giving Blue Water Area Humane Society permission to: contact your Veterinarian(s) to request information on your pets, and your Veterinarian(s) permission to give us information we request.

Are you 21 years old or older: _____ Drivers lic #: _____ Today's Date _____

Name: _____ E-mail: _____

Names of all adults in home _____

Address: _____ City/State/Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment/ Occupation: _____

How Long? _____

Place of Spouse's Employment/ Occupation: _____

How Long? _____

How long have you lived at the above address? _____

Do you live at home with your parents? Yes No

Please check from the following reasons for wanting a pet: (Check all that apply)

<input type="checkbox"/> Family Pet	<input type="checkbox"/> Companion for me	<input type="checkbox"/> Barn Cat/Mouser
<input type="checkbox"/> Breeding	<input type="checkbox"/> Companion for other pet	
<input type="checkbox"/> Child's Pet		
<input type="checkbox"/> Other (Explain) _____		

Type of pet you are looking for: Cat Kitten

Are you adopting for: Yourself Family Others _____

Do you live in a: House Apt Condo Mobile Home Park

Mfg. Home Comm. Duplex Other

Do you own your home? _____

If you rent: Landlord's name and phone # _____

Number of people living in your household? _____

Please list ages of children in your household: _____

Do all members of the household know you are adopting a pet? Yes No

Do any members of the household object to your plan to adopt? Yes No

Do any members of the household have allergies? Yes No

Who will be responsible for taking care of your new pet? _____

Will an adult member of the household be home during the day? Yes No

Will the new cat/ kitten live: Inside _____ Outside _____ Both _____?

How will scratching or destructive behavior be handled? (please describe in detail) _____

Will this new cat/ kitten be declawed? _____yes _____no

Where will your new pet sleep? _____

Have you ever adopted a pet from this or any other shelter? Yes No

Date adoption occurred: _____Where is this pet now? _____

Name(s) _____

If pet deceased, how and when did it die? _____

How many dogs or cats have you owned in the past 5 years? _____Dogs _____Cats

What happened to these pets? _____

Please list pets owned in the past 5 years

Living:

Dogs: Number _____ Ages _____ Sex _____ Breed _____ Names _____

Cats Number _____ Ages _____ Sex _____ Breed _____ Names _____

Deceased:

Dogs: Number _____ Ages _____ Sex _____ Breed _____ Names _____

Cats Number _____ Ages _____ Sex _____ Breed _____ Names _____

Have you had a cat die on your premises of distemper, leukemia, FIV or unknown causes within the last 6 months? Yes No

Do your current pets live inside or outside? Inside Outside

Are your current dogs licensed in your county? Yes _____ No _____

Are your current dogs up to date with Heartworm testing? Yes No

Are your current dogs on Heartworm Preventative? Yes No

If so, what type? _____

Are your current pet's shots up to date? Yes No

If No, why not? _____

Are all your pets spayed or neutered? Yes No

If No, Why not _____

Name and phone number of your Veterinarian(s): _____

What is the **owner's name** the pet(s) are listed under at your veterinarian?

Are you willing to assume the expense and time to take your pet to the vet for full preventative and medical care? _____

Are you aware that the cost per pet for shots and routine preventative care is between \$200 to \$300 per year? _____

What will you do with the pet when you go on vacation? _____

If you have to move, what will you do with your pet(s)? _____

What times would be convenient should a representative from Blue Water Area H.S. wish to visit your home after adoption to assure your pet's wellbeing? _____

References: _____ Phone: _____
_____ Phone: _____

Thank you for taking the time and effort necessary to fill out our Adoption Questionnaire. We feel it necessary to assure the most compatible homes in the best interest of both the animals and the owners. **Please note, if you falsify information your application will be denied.**

Applicant's signature _____

WE RESERVE THE RIGHT TO REFUSE ADOPTION OF ANY ANIMAL FOR ANY REASON

Office Use Only:

Information checked by: _____ Date: _____

I.D Checked by: _____ Over 21: _____

Adoption: _____ Approved _____ Denied

If adoption denied: Specific reasons for refusal: _____

