



HUMANE SOCIETY
OF GREATER DAYTON

Cat Pre-Adoption Application

We make every effort to insure that each adoption is in the best interest of both the adopter and the pet!

Section I – Contact Information:

Name: _____ Date: _____
Address: _____ City: _____ State: _____ ZIP: _____
County: _____ E-mail Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Section II – Personal Information:

- 1) Do you: Own Rent Live with Family Other _____
- 2) Is it a: Home Condominium Apartment Mobile Home Farm Other _____
- 3) Landlord's Name _____ Landlord's Phone Number: _____
- 4) How many people live in your household? _____ What are the ages of any children in the household? _____
- 5) Are the adults in your household aware that you plan to adopt? Yes No
- 6) Do you or anyone living in your household have any known allergy to animals? Yes No

Section III – Animal Care History:

- 7) Is this your first experience with a cat? _____ Yes _____ No (please fill out Section IV)
- 8) Have you previously adopted from us or any other agency/shelter? Yes No If yes, when? _____
- 9) Have you ever given away or returned a pet/animal for any reason? Yes No
If yes, why? _____
- 10) Why do you want a pet? House Pet Gift Mouser For other pet Companion for child Barn Cat Other _____
- 11) How do you keep pets confined on your property? Inside House Only Inside/Outside Invisible Fence Fenced Yard Barn Outside Only

<u>Please list your current pets:</u>	<u>Age</u>	<u>Years Owned</u>	<u>Where is the pet kept?</u>	<u>Sex & Spay/Neuter Information</u>
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Name: _____	_____	_____	_____	Spayed or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Breed: _____	_____	_____	_____	
Name: _____	_____	_____	_____	Spayed or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Breed: _____	_____	_____	_____	
Name: _____	_____	_____	_____	Spayed or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Breed: _____	_____	_____	_____	

Section IV – Veterinary Information:

- 12) Please state the name of your veterinarian: Clinic _____
- 13) When was your last visit to the vet? _____
- 14) May we use your veterinarian as a reference? Yes No
- 15) Are your pets listed under your name? Yes No If not, whose name are they listed under? _____
- 16) To your knowledge, are your animals current on their vaccinations? Yes No Not Applicable

<u>Please list the pets you have owned in the past.</u>	<u>Age</u>	<u>Years Owned</u>	<u>Spayed/Neutered</u>	<u>What happened to the pet?</u>
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Breed: _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Breed: _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____





at Adoption Information:

Your Last Name:	
Cat's Name:	
Adoption Counselor:	

I understand the responsibilities that I am assuming if I adopt this animal. I know that there may be unforeseen circumstances and expenses, including annual vet visits, with the introduction of a new pet in my household.

I hereby give the Humane Society of Greater Dayton my permission to contact my landlord, if applicable, and my veterinarian to verify any of the information supplied in this application. I also agree to a "progress check" in the future, where a Humane Society worker may visit my home to verify my new pet's living conditions. I agree that if I am unable to keep this pet for any reason, I will contact the Humane Society of Greater Dayton.

By signing below, I acknowledge that I understand everything I have read in this application and I have answered all of the questions truthfully. I further understand that the Humane Society of Greater Dayton is considered the guardian of the animal in question and has the right, in its sole discretion, not to approve this application.

Signature of prospective adopter: _____ Date: _____