



Frederick County Humane Society

# Cat Adoption Application

**Please complete all three pages and be prepared to show identification. This application is valid for 30 days and only for the animal(s) listed. Adoption interviews are normally conducted at the time of application; however, interviews end one half hour before the scheduled closing time. Due to time limitations or other restrictions, you may need to be interviewed on another day.**

Date: \_\_\_\_\_ Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_ years \_\_\_\_\_ months Do you \_\_\_ own or \_\_\_ rent?

Do you live in a (check one) \_\_\_ house \_\_\_ townhouse \_\_\_ condo \_\_\_ apartment \_\_\_ trailer or \_\_\_ other?

Landlord's Name and Phone Number: \_\_\_\_\_

How many people live in your home? \_\_\_\_\_ Please list the ages of children in home under 18 \_\_\_\_\_

Has everyone in the household visited the pet? \_\_\_\_\_

Does anyone in your home have pet allergies? Please explain \_\_\_\_\_

How would you rate the activity level in your household (circle one):

Mellow/quiet    Busy/frequent visitors    Active family/kids    Very busy/sometimes chaotic

Are you familiar with introducing a new cat to your home/other pets/children?    YES                      NO

**Please list the pets you have now:**

Species & Name	Age	Breed	Sex (M/F)	Spayed/Neutered	Lives inside/outside	Years owned	Where did you get this pet?

**Please list your previous pets over the past five years:**

Species & Name	Age	Breed	Sex (M/F)	Spayed/ Neutered	Lives inside/ outside	Years owned	Why no longer with you?

Who will have the primary responsibility for this animal's daily care? \_\_\_\_\_

Age (if under 18)\_\_\_\_\_ This **primary care giver** should answer the following questions which apply to a pet(s) that he or she owned previously. To answer each question, please write a number score in the box according to this scale: **always=5, generally=4, often=3, rarely=2, never=1.**

How often did you:	Score
1. Care for the animal yourself?	
2. Clean up after the animal?	
3. Hold, stroke, or pet the animal?	
4. Let the animal sleep in your room?	
5. Feel a close relationship with the animal?	

What preparations have you made to bring this cat home? \_\_\_\_\_

How many hours a day will this cat be alone? \_\_\_\_\_

Where will this cat sleep at night? \_\_\_\_\_

How often will your cat be outside? \_\_\_\_\_

Who will care for your cat during vacations? \_\_\_\_\_

Who is/was your veterinarian? \_\_\_\_\_ Telephone \_\_\_\_\_

How often does/did your pet visit the veterinarian? \_\_\_\_\_

What do you expect to be the annual cost of animal ownership (i.e. yearly vaccinations, quality food, kitty litter, licensing, security deposit, higher rent, boarding, grooming, special needs, toys, emergency veterinary fees)? \_\_\_\_\_

*I understand that the Frederick County Humane Society reserves the right to refuse adoption to anyone if they feel it is in the best interest of the animal and/or the applicant. I certify that the above information is true and complete, and is subject to verification by the FCCHS. I further understand that the FCCHS may follow up, by phone or in person, on any adoption to ensure compliance with the adoption contract.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Drivers license state and no. \_\_\_\_\_

Check if you would like to be included on our mailing list for future FCCHS updates.

**FCCHS Administrative Fee of \$95 (one cat) or \$170 (two cats) covers the following:**

- Fully vetted animal that has been spayed/neutered;
- Received a one-year rabies vaccine;
- Received a distemper vaccine, deworming, feline leukemia and FIV testing;
- And a microchip (permanent ID)

**All fees must be paid in cash, credit card, or money order.**

All cats in Frederick County must be licensed. Contact your local authorities if your cat will reside outside Frederick County. All cats 4 months of age or older must be vaccinated against rabies.

**STAFF USE ONLY:**

Interviewed by \_\_\_\_\_ Date: \_\_\_\_\_

Approved      YES                      NO

Comments \_\_\_\_\_