



# Lee County Humane Society

## *Cat Adoption Application*

**\*\*Completion of application does not guarantee approval\*\***

Cat's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

Are you 19 years or older? (circle) YES NO

Type of residence (house, apartment, duplex, etc.): \_\_\_\_\_

Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ or live with someone who does own? \_\_\_\_\_

Landlord/Complex Name and Phone Number: \_\_\_\_\_

Have you talked to your Roommates/Landlord/Parents about adopting? (circle) YES NO

Have you paid your pet deposit fees and discussed restrictions with your landlord? (circle) YES NO

Are there any kids in the household? (circle) YES NO If yes, what ages? \_\_\_\_\_

Does anyone in the household have pet allergies? (circle) YES NO

If yes, how will you manage them? \_\_\_\_\_

What is the noise/activity level in your household? (circle) LOW MED HIGH

Are you a first-time cat/kitten owner? (circle) YES NO

Why do you want a cat? (check all that apply)

\_\_\_ House pet

\_\_\_ Family Companion

\_\_\_ Companion for another pet

\_\_\_ As a gift

\_\_\_ Other (specify): \_\_\_\_\_

Have you ever given up an animal to someone else or another shelter? (circle) YES NO

If yes, explain: \_\_\_\_\_

Do you have other pets? (circle) YES NO

Specify number of each: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

If you have dogs or cats, are they spayed/neutered? (circle) YES NO

What pets have you had in the past? \_\_\_\_\_

What happened to the pets you no longer have? \_\_\_\_\_

How will you keep the animals separate if they do not immediately get along? \_\_\_\_\_

Where will the cat be kept? \_\_\_\_\_ Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Both

How many hours will the cat be left alone? \_\_\_\_\_

If you move, what will you do with the cat? \_\_\_\_\_

Where will the cat go when you go on vacation? \_\_\_\_\_

Name and Number of your current Veterinarian: \_\_\_\_\_

Pets take up a lot of time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter, and exercise for your new pet? (circle) YES NO

Are you able to make a long-term commitment to care for this cat for its entire life (\$500-\$1,000/year for 15-20 years)? (circle) YES NO

How will you pay for any medical emergencies your pet is likely to experience at some point during its life?

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Are you willing to seek professional help if your cat scratches furniture, has problems using the litter box, or has behavioral problems before trying to return them? (circle) YES NO

Cats sometimes need a week or more to adjust to a new environment. Do you have a safe and quiet place for the cat to stay while they adjust? \_\_\_\_\_

If something happened to you, who would care for the cat? \_\_\_\_\_

Under what circumstances would you not be able to keep this cat?

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Have you adopted from a shelter before? (circle) YES NO

Where are they now? \_\_\_\_\_

How do you feel about declawing? \_\_\_\_\_

Are you planning to declaw the cat? (circle) YES NO

**By signing this adoption application, I understand:**

For the safety of my pet, all cats and kittens must leave the building in a cat carrier. I may bring one with me or purchase a temporary one from LCHS at the time of adoption for \$5.00.

LCHS cannot guarantee the health or temperament of any animal. Many animals act differently in a home than they do in the shelter and their reaction cannot always be predicted. I may contact LCHS with questions to find quick and effective advice for any problems I may have.

**If I can no longer keep the animal for any reason, I am required to return the animal to the Lee County Humane Society.**

I agree that all information on this application is accurate. LCHS has the right to contact my landlord, rental company, and/or veterinarian at any time.

\_\_\_\_\_ (initial) **THE HOLD FEE AND ADOPTION FEE ARE NONREFUNDABLE. IF I DECIDE NOT TO PROCEED WITH THE ADOPTION OR TO RETURN THE ANIMAL, I WILL NOT RECEIVE A REIMBURSEMENT FOR ANY FEES I HAVE PAID.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LCHS Representative: \_\_\_\_\_ Date: \_\_\_\_\_