PARKE-VERMILLION COUNTY HUMANE SOCIETY PET ADOPTION CENTER

Mailing Address: P.O. Box 155, Clinton, IN 47842
Phone: 765-492-3540 E-mail: pvchs@joink.com

For office use only

Date _____

Name of Cat _____

Applicant _____

Approved by _____

Amount of deposit _____

ADOPTION APPLICATION FOR CATS

Thank you for your interest in our cats available for adoption. We hope you find what you are looking for! Our animals were either strays or turned in by their owner. We will be glad to give you whatever information we know about the cat. The cats receive an exam upon admission to the shelter and their health and behavior is monitored daily.

We want the cat to be a good match for you and your family, and to be placed in a loving home. Therefore we ask that you complete this application. The adoption counselor will call your veterinarian and landlord (if you have one) for a reference. Adopters must be a minimum of 18 years old and have a driver's license showing current address. We also request that you bring all family members to meet the cat before adoption to ensure compatibility. That can also include other pets.

Please be aware that caring for a cat takes a commitment of time, money, and patience. In return we hope you will be rewarded with the fun of owning a friendly and loving companion. It's important to note that training is the key to a well-mannered cat. Remember cats can live for over 12 - 14 years; are you willing to include your cat in your future plans? Are you willing to pay necessary medical expenses? Do you understand that cats behave differently than dogs? These are things we hope you consider in your decision to adopt a friend for life!

Indicate the name of the cat you would like to adopt: _____

Please fill in the blank or mark the appropriate choice(s) for your situation:

Why do you want a cat? _____

Have you owned a cat before? Yes _____ No _____

Please list pets you currently have or have had in the past five years and whether you still have them:

Name of Pet	Type of Animal and Breed	Indoor or Outdoor	Spayed/ Neutered?	Vaccinated?	Age	Still living in your home?

Do you give heartworm prevention medication to your cat(s) regularly: __ Yes __ No

Name and phone # of your veterinarian: _____

Do you live in: ___ House ___ Apartment ___ Condo ___ Mobile Home ___ Duplex ___ Campus Housing

Do you: ____ Own ____ Rent ____ Live With Family

Landlord's name and phone number: _____

How long have you lived at this address: _____ OR when is the lease up: _____

How many people live in your household: _____ Ages of the children: _____

Does anyone in the household have an allergy to animals: _____

Who will be responsible for caring for the cat: _____

Where will the cat be kept during the day: _____ At night: _____

Do you plan on declawing your cat: _____ Yes _____ No

What will you do if your cat claws the furniture, knocks over items on the countertop or other undesirable or unwanted behavior?

_____

_____

What would you do if your new cat hides under the bed?

_____

_____

What would you do if your cat is found urinating or defecating outside the litterbox?

_____

_____

By signing below, I certify that the information I have provided is correct and any misrepresentations of the facts will result in my losing my privilege of adopting an animal. I understand that this application is the property of the Parke-Vermillion County Humane Society Pet Adoption Center, and they have the right to approve or deny my request to adopt an animal.

Signature: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Indicate the name of the cat you would like to adopt: _____