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**CAT Adoption Application**

**Date: Animal Name/Intake #:**

**Name:**

**Full Street Address (Please circle OWN / RENT):**

**Phone Number: Secondary Number:**

**Email:**

**If renting, Landlord’s name and phone number:**

**ARE You 18 YEARS of AGE or Older? (PLEASE CIRCLE): YES NO**

**List the name, type, and age of any pets you currently own:**

**current pet owners: veterinarian’s name and phone number:**

**Please answer the following questions:**

The Franklin County Animal Shelter is a private, non-profit organization, and we reserve the right to refuse any adoption which we deem is not in the best interests of the animal. Do you agree? **YES NO**

Although every measure is taken to ensure the good health of our available animals, the Franklin County Animal Shelter cannot guarantee the health of its animals. Most shelter animals have unknown histories and behaviors, and if you approved for adoption, you are responsible for this animal’s health care, including any associated veterinarian costs, and training. Are you prepared to make this commitment? **YES NO**

The information you have provided is true, and any misrepresentation of facts may result in losing the privilege of adopting a pet from the Franklin County Animal Shelter. Do you agree? **YES NO**

Do all members of your household agree on adopting? \***YES NO IT’S A SURPRISE**

Is anyone in your home allergic to cats? \*

* **VERY ALLERGIC**
* **MILDLY ALLERGIC**
* **NO ALLERGIES**
* **NOT SURE**

Where will your new cat live? \*

* **INSIDE ONLY**
* **OUTSIDE ONLY**
* **INSIDE/OUTSIDE (ALLOWED TO ROAM)**
* **LEASH / HARNESS TRAINING**
* **INSIDE WITH ACCESS TO FENCED YARD**

What kind of exercise and playtime do you want with your new cat? \*

* **TOY MICE/BALLS**
* **WAND TOYS**
* **PLAYMATES WITH ANOTHER PET**
* **NOT MUCH: I'D LIKE A CALM CAT!**

What do you look forward to doing with your new cat?

What do you plan to do for your cat's scratching needs? \*

* **DECLAW SURGERY**
* **NAIL CLIPPING**
* **SCRATCHING POSTS**
* **NOT SURE YET**
* **OTHER**

Have you ever declawed a cat? \* **YES NO**

If yes, when/why? \*

How long do you expect to own this cat? \*

What is the maximum length of time the cat will be left alone in the home? \*

How much can you budget MONTHLY for your pet's supplies and medical care? \*

How much can you budget for your pet's medical care IN CASE OF EMERGENCY? \*

What are your plans if your pet has a medical emergency? \*

Do you plan to continue yearly vet exams/vaccinations? \* **YES NO**

By signing below, you are acknowledging that you have read and agree to the adoption agreement above.

**Adopter Signature Date**

 **Shelter use only**

Landlord approval**: YES NO**

Staff Approved**: YES NO** staff initials: date:

Additional notes: