



FRANKLIN COUNTY
Animal Shelter

207-778-2638

550 Industry Rd, Farmington, ME 04938

fcanimalshelter.org

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, please provide your veterinarian's name & phone #: _____

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? (circle one) **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? (circle one) **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? (circle one) **YES NO**

Do all members of your household agree on adopting? (circle one) **YES NO It's a surprise!**

I want a cat for:

- myself
- my kids
- gift
- other (please specify) _____

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/catio

What kind of exercise & 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 cat? _____

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

- Declaw surgery
- Nail clipping
- Scratching post
- Not sure yet
- Other (please specify) _____

Have you ever declawed a cat? (circle one) **YES NO**

If yes, when and 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? _____

What are your plans if your pet has a medical emergency? _____

Do you plan to continue yearly vet exams/vaccinations? (circle one) **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** Approved: **YES** **NO**

Staff initials: _____ Date: _____

Additional notes: