



Humane Society for Inland Mendocino County

9700 Uva Drive, Redwood Valley, CA 95470

Phone (707) 485-0123 / Fax:(707)-485-0351 / Email: CatTeam@hsimc.org

Website: www.mendohumanesociety.com / Tax ID# 94-2674977

"Our lives are in your hands"

CAT ADOPTION APPLICATION

Name of CAT: _____ ID# _____ Date: _____

PLEASE FILL OUT THIS FORM AS ACCURATELY AND COMPLETELY AS POSSIBLE

Name: _____

Home Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Home Phone: _____ Cell Phone: _____

1. Are you allowed to have a cat in your home? _____
2. Why do you want this cat? _____
3. Have you ever had a cat? **Y / N** When? _____
4. Where is it now? _____
5. Where will the cat be staying? **Indoors Only** ___ **Outdoors Only** ___ **Both** ___
6. If the cat will be **Outdoors Only**, what type of shelter will you provide? _____
7. Do all members of the household want this cat? **Y / N**
8. Who will be the primary caregiver? _____
9. Will you provide medical care and treatment as necessary? **Y / N**
10. If you own, or previously owned cats were any of them declawed? _____
11. Do you intend to declaw this cat? _____
12. How many other animals do you have? Cats _____ Dogs _____ Other _____
13. Are your current pets spayed/neutered? _____
14. Who is your current veterinarian? _____
15. Have you ever had to give up an animal? **Y / N** If so, why and where did it go? _____
16. If you had to give up this cat what would you do? _____
17. By adopting this cat, you are taking on the responsibility for its life. **You may be sharing your life with this cat for up to 20 years!** Cats depend upon their human companions for food, water, shelter, hygiene, companionship, and medical care. Are you willing and able to make this physical and financial life-long commitment? **Y / N**

18. I certify that the above information is true and correct. I understand that false information may void this application. I hereby accept possession and title of this cat "AS IS" and at my own risk. I release and waive any rights against The Humane Society for Inland Mendocino County, which I may have now or in the future for any damages to persons or property caused by this cat.

Adopter: _____ **Date:** _____

HSIMC Rep: _____ **Date:** _____

As the adopting party, I agree to the following provisions:

1. I will provide appropriate veterinary care and treatment for this cat including seeking care in the event of injury or illness. I will not allow to let this cat to suffer unnecessarily.
2. I acknowledge that cats and kittens are usually playful and will race around rooms and climb on furniture. I will provide appropriate scratching posts and toys for the cat and encourage it in a humane manner not to be destructive. If any behavioral problems develop, I will seek guidance from a qualified person as to how to correct the problem.
3. I agree not to abuse, harm, "including declawing" or neglect this cat. I authorize the HSIMC to determine at their sole discretion whether the cat has been abused or neglected.
4. If for any reason I cannot keep this cat after adoption is final, I will notify HSIMC. HSIMC will make arrangements to take the cat back with regards to space availability at HSIMC. **No refunds will be given after the seven-day trial period has ended.**
5. I agree to give HSIMC visitation rights to ensure that the terms of the adoption agreement are met.
6. I understand that the cat is, as far as can be determined by HSIMC, in good health. HSIMC will not be responsible for any medical costs after the adoption is final. I understand that I have been informed by HSIMC prior to adoption of **any known** past or present medical/behavioral conditions and I accept the cat "As Is".
7. I understand that failure to perform the forgoing agreement will constitute a breach of contract. In the event of any breach of contract, I authorize the HSIMC to reclaim both possession and ownership of the cat at no cost to HSIMC.
8. All adopted animals from The Humane Society for Inland Mendocino County are on a seven-day trial visit. If for any reason you want to return the animal/s during this seven-day period you may do so, however we ask that you notify the shelter before you bring the animal in so that we may have time to prepare proper housing accommodations for the animal/s. Your adoption fee will be returned by check within 2 weeks of The Humane Society receiving a signed surrender form relinquishing the animal back to The Humane Society. If you take an adopted animal/s to the veterinarian within these seven days, The Humane Society will not reimburse you for this. We do provide adopters with a FREE "Well Pet Exam" but anything you elect to do with the animal at the visit will not be covered by The Humane Society, unless The Humane Society has given written consent ahead of time.

Adopter Signature _____ Date _____

HSIMC Rep _____ Date _____

For Office Use Only

Current on vaccines _____ Current on Rabies _____ Scanned for chip _____
On medication [] No [] Yes If so name, dosage, amount of time and reason for medication
Name Medication _____

Dosage

Duration of treatment

Reason for treatment

Has all current medical records [] No [] Yes If not, what records need to be
retrieved? _____

From: AC _____ Care-A-Van _____ Yokayo _____ East Hill _____ Willits Animal Hospital _____ Other _____
Check # _____ Credit Card _____ Cash _____ Amount \$ _____ HSIMC REP _____
Any discount applied to adoption? [] No [] Yes Amount \$ _____

Disclaimer

The Humane Society for Inland Mendocino County tries its best to have healthy animals available for adoption, however, due to being in a shelter environment many of the animals we take in have been exposed to typical dog and cat illnesses prior to our care. The most common problems we encounter are: Ringworm, Upper Respiratory (cold), Kennel Cough (in dogs), Parvovirus (in dogs), and Giardia or Coccidiosis (diarrhea), Tapeworm and Roundworm. **We do our best to monitor every animal for health problems or illnesses while in our care and provide adopters with healthy animals, but some of these illnesses may go undetected at the time of adoption due to various incubation periods.**

Please Note: As of April 2019, The Humane Society for Inland Mendocino County has discontinued testing for FELV/ FIV on every cat per current veterinary standards. We now only test for FELV/FIV in cats/kittens showing a clinical portrait supportive of these diseases (bite wounds, abscesses, dental disease, lethargy, etc.)

HSIMC encourages cat/kitten adopters to establish a relationship with a veterinarian who is best suited to develop a health plan for their cat with his/her new lifestyle and other individual considerations and risk factors in mind.

Symptoms of **Ringworm**: patches of missing fur/dry spots, especially around the face and paws

Symptoms of **Tapeworm**: rice like bits in the stool

Symptoms of **Roundworm**: looks like spaghetti (commonly vomited)

Symptoms of **Upper Respiratory**: sneezing, weepy eyes and stuffy/crusty nose

Symptoms of **Kennel Cough**: persistent coughing

Symptoms of **Parvovirus**: extreme fatigue, throwing up, diarrhea, and blood in the stool

If you see any of these signs you should call a veterinarian right away. Many of these are not life threatening and can be taken care of easily with the right medication. However, Parvovirus is often deadly, especially for puppies, if the dog is not taken to a veterinarian for treatment right away. Once you have taken care of your animal's medical needs, we ask that you notify the Humane Society of your animal's illness so that we can notify other adopters and monitor the animals in our care for the illness.

Thank you for adopting an animal from the Humane Society for Inland Mendocino County.

I have read and understood the above information.

Adopters Signature: _____ Date: _____

HSIMC Rep: _____ Date: _____

*Please see insert on FELV /FIV testing when adopting a cat or kitten. Helpful information for you and your veterinarian on our shelters policy for testing as of April 2019.