

E U C L I D A N I M A L S H E L T E R
25100 LAKELAND BLVD.
216-289-2057

FELINE
ADOPTION APPLICATION

RECEIPT _____ **CASE #** _____
PET NAME _____

If you are denied an adoption, we are **not** implying you would be an unsuitable pet owner, only that it is in conflict with the policies of this shelter. **We base our decision on:** your application, interaction with the pet, conversation with a staff member and child/pet interaction.

YOU MUST COMPLETE ENTIRE APPLICATION.

Print Name _____ Signature _____

Spouse/roommate name _____ Phone # _____

Address _____ City _____ Zip _____

Home/Cell # _____ Work# _____

Best time to call _____ Occupation _____

Date of Birth _____ E-Mail _____

Name and relationship of nearest relative _____

Phone Number _____ Address _____

City _____ State _____

Do you own or rent? _____ Landlord's name _____

Phone# _____

How did you hear about us? _____

***INFORMATION WILL BE VERIFIED BY A STAFF MEMBER PRIOR TO RELEASE OF ADOPTED PET.**

Information verified by _____ ID _____ Date _____
Shelter personnel

List plans/goals for this pet _____
Protection, obedience, work, companion, etc.

What negative behavior would justify **returning** a pet? _____

How many adults in your household? _____ How many children under 10 _____ over 10 _____?

How many dogs _____ cats _____ do you now have in your household?

List breed, age, and sex of each _____

Are they spayed/ neutered? If not, explain _____

What happened to previous pet(s) you had? _____

Name of your current veterinarian _____ Phone# _____

Where will the cat spend the day _____ Night? _____

If necessary will you contact our department for assistance with behavioral problems? _____

Application approved by _____

**FELINE ADOPTION
AGREEMENT**

Page 1

Receipt# _____

Case # _____

Breed _____ Color _____ Age _____

Sex _____ Spay/Neuter date _____ Vet performing surgery _____

Your _____ has been given **one (1)** vaccination for _____

YOUR CAT/KITTEN HAS NOT RECEIVED ALL NECESSARY VACCINATIONS. YOU MUST establish a relationship with a veterinarian for your cat/kitten to receive a thorough examination, rabies vaccine, and follow-up vaccinations. Schedule appointment within **one week**. _____

Initial

Do you understand and agree that per ordinance **505.34** this KITTEN must be spayed/neutered at the appropriate age? _____ *Month for surgery _____

Initial

If you choose to select a non-participating veterinarian for the spay/neuter it shall be at your own expense. Further, it shall be your sole responsibility to schedule the appointment in the month noted (*see above) and notify our department of the date and veterinary clinic.

Are you be willing to have a representative from the Euclid Shelter visit your home? _____

IF NO, Explain _____

****THERE ARE ABSOLUTELY NO CASH REFUNDS****

Each pet is different and should be treated as such. Adjustment periods may vary greatly from one animal to the other. We ask that you use common sense and positive reinforcement when training your new companion. **The Euclid Animal Shelter cannot accept returned adoptions unless a major medical reason is found during your 7 day check up by your veterinarian.**

Signature _____ Date _____

Adoption approved by _____ Staff notes _____

I understand that neither the Euclid Animal Shelter nor any of its representative's is responsible for the accuracy of the information received regarding the temperament, habits, or physical condition of the cat/kitten available for adoption. It is **my sole responsibility** to evaluate the cat/kitten for myself before agreeing to the adoption. _____

Initial

The City of Euclid, the Euclid Shelter or its representative shall be held harmless for any damage, accident, or injury incurred during the examination of an animal or from the adoption of same from this facility. _____

Initial

Although every reasonable effort is made to place animals of sound temperament, we cannot guarantee the temperament, disposition or behavior of this pet and therefore are held free and clear of any liability. _____

Initial

In addition the City of Euclid, the Euclid Shelter and its representatives shall be relieved of any liability for any veterinary medical expenses pertaining to the adopted pet. However, if, within seven (7) days from taking your pet home, your veterinarian discovers a **SERIOUS** health problem (i.e., feline aids, leukemia virus, heartworm) you may return the pet and within six (6) months select another feline at no additional charge. We may, at our discretion, obtain a second opinion before replacing the pet. _____

Initial

By adopting this pet **I agree** to take full responsibility in meeting all of its needs, including appropriate food, exercise, grooming, regular and necessary veterinary visits and companionship. I will renew my cat's license (Euclid resident only) every three years.

This pet will reside in my home. Under no circumstances will this pet be housed outdoors, in a garage, shed or other building other than that in which I live. **I will not allow my cat to roam at large.** Further, I will abide by all city and/or state animal laws pertaining to my pet.

Signature _____ **Date** _____

City ordinance 505.34(e)

Anyone found in violation of the City of Euclid adoption agreement and who fails to correct the violation within 48 hours, shall forfeit the adopted animal(s) to the Euclid Animal Shelter, and shall be subject to a fine in the amount of one hundred dollars(\$100.00).

I have read and understand the terms of this agreement, signature _____

TAKE HOME INSTRUCTIONS

- **Schedule an appointment** with a veterinarian for your new family member within one week for a thorough examination. Be sure to take the medical record you were given at the time of adoption.

Your pet has not received all necessary vaccinations.

Your pet (by law) must be vaccinated against rabies. **This is included in the adoption fee.**

Kittens and puppies can be vaccinated for rabies between 16 and 26 weeks of age. The first vaccination must be repeated after one year. Subsequent vaccinations are good for three years.

- **Pet MUST be altered.**

Males can be neutered at 5 months of age.

Females can be spayed at 6 months of age.

Schedule the procedure with a veterinarian who has contracted with the City of Euclid to perform this surgery, included in the adoption fee. Be sure to give the vet your pet's case number so that Pet Pals can be billed.

Karim Malak, DVM
Lakeland Animal Clinic, Inc.
20690 Lakeland Blvd., Euclid (216) 731-5536

Susan Gulzeth, DVM
Beachland Animal Hospital
635 East 200 Street, Euclid (216) 531-4711

Scott Pawling, DVM
Richman Animal Clinic
26909 Chardon Rd.
Richmond Hts, OH 44143 (440) 585-3600

Note: If you choose a non-participating veterinarian to perform the spay or neuter, it shall be at your own expense. You must provide proof to the shelter where and when the surgery was done.

- **You have agreed that your pet will reside inside your home.** Outdoor housing, such as a garage or shed, is unacceptable. Under no circumstances should this pet be allowed to roam at large.

Other instructions:

Staff signature _____ Date _____

Adopters signature _____ Date _____