

Please fill out all areas EXCEPT those highlighted in **BLUE**. **Completion of an application does not in any way guarantee the adoption of any animal.**

If you have any questions, please feel free to call us at 216-289-2057.

**EUCLID ANIMAL SHELTER**  
25100 LAKELAND BLVD.  
216-289-2057

**RECEIPT** \_\_\_\_\_ **FELINE**  
**ADOPTION APPLICATION** **CASE #** \_\_\_\_\_

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.**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Spouse/roommate name \_\_\_\_\_ Work# \_\_\_\_\_  
Print

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone# \_\_\_\_\_ 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

**APPLICATION**

**Page 2**

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 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 7day check up by your veterinarian.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Adoption approved by \_\_\_\_\_ Staff notes \_\_\_\_\_

**AGREEMENT**

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 representatives 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 circumstance** 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:

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Staff signature \_\_\_\_\_ Date \_\_\_\_\_

Adopters signature \_\_\_\_\_ Date \_\_\_\_\_