



**Manistee County Humane Society
Homeward Bound Animal Shelter**

736 Paws Trail, PO Box 144, Manistee, MI. 49660
231-723-7387

manisteehumaneociety@gmail.com

www.homewardboundmanistee.org

Adoption hours: Wed-Fri. 12:00 – 4:00 Sat. 11:00- 3:00

Adopting a pet is a lifelong commitment. Future expenses should be taken into consideration. Annual costs for caring for a cat averages \$670 per year. (Source: ASPCA)

Cat Application & Pet Compatibility Form

Application for (Name of cat): _____

COMPLETING THIS FORM GREATLY INCREASES YOUR CHANCES OF HAVING THE PROPER PET PLACED INTO YOUR HOUSEHOLD.

Homeward Bound will never distribute your email or contact info to any third-party agency.

Date: _____ Home Phone: _____

Name: _____ Work Phone: _____

Address: _____ Cell Phone: _____

City: _____ Best time to contact: _____

State: _____ Zip: _____ Email: _____

Driver's License#: _____ State Issued In: _____

Do you own your own home? _____ Rent? _____ If Renting, does your landlord allow pets? _____

Name and phone# of landlord: _____

Number of adults in your household: _____ Number and ages of children: _____

Where will the pet spend most of its time: (EX: indoors or outdoors, etc.): _____

Do you have a fenced in yard for your pet? YES NO

If you move, will you take your pets with you? YES NO UNSURE

Will you be the pet's sole caretaker? YES NO

If no, who else will be caring for the pet? _____

If something happens to you, will someone be able to care for your pet? YES NO

Cat Application & Pet Compatibility Form continued

Do you agree to an authorized MCHS/HBAS representative visiting the home the pet will be placed in to inspect the living conditions? YES NO

What will you do with the pet during vacations and emergencies? _____

What is your reason for wanting to adopt a pet? _____

Have you owned a pet before? YES NO
If yes, for how long and what happened to them? _____

Do you currently own a pet(s)? YES NO If yes, how many? _____

Please list current pets:

Breed: _____ gender: _____ age: _____ approx. weight: _____

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Are your current pets spayed or neutered? YES NO

Are your current pets up to date on all vaccinations? YES NO

If no, what is the reason? (Example: financial hardship, unsure what vaccinations are required, etc.) _____

Current pet's veterinarian name and phone #: _____

All well cared for pets need to see a veterinarian on occasion. Are you willing to incur the expense of routine preventative veterinary care if you currently do not have a vet? YES NO

What type of pet do you think would be a good match for your lifestyle? Check all that apply.

Age: _____ kitten _____ adolescent _____ mature/older

Temperament:

_____ Active, curious, adventurous _____ laid back, submissive _____ gets along with other animals

_____ good with children _____ good with elderly _____ lap pet, companion

Misc: _____ easy to groom, short coat _____ special needs animal, previously neglected or abandoned.

Would you be interested in fostering an animal in your home? YES NO

IF FOR ANY REASON I AM NO LONGER ABLE TO CARE FOR MY PET, I AGREE TO MAKE ARRANGEMENTS TO BRING THE PET BACK TO HOMEWARD BOUND ANIMAL SHELTER. I hereby certify with my signature that all above statements are true to the best of my knowledge and any false or misleading information may compromise my ability to adopt an animal from MCHS/HBAS or their affiliates.

Signed: _____ Date: _____