



The Humane Society of Ottawa County

2424 E. Sand Rd. Port Clinton, OH 43452

(419) 734-5191 HSOcpets@gmail.com

www.HumaneSocietyOfOttawaCounty.org

CAT ADOPTION APPLICATION

Name of cat(s) you are interested in adopting: _____

PERSONAL INFORMATION:

Name _____

Address _____

City, State, Zip: _____

Daytime Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

Email Address: _____

HOUSING INFORMATION:

How long have you lived at your current address? _____ Years _____ Months

Do you rent or own? _____ Rent _____ Own

Please provide landlord name & phone: _____

Do you have permission from your landlord to get a cat? _____ Yes _____ No

Are you aware of pet deposit and monthly fees (if any) required? _____ Yes _____ No

Do you have children? _____ Yes _____ No If Yes, what are their ages? _____

Why did you decide to get a cat? _____

Who will care for your cat if you are out of town (vacation, etc.)? _____

What circumstances would make you give up your cat? _____

PERSONAL REFERENCES: (Please list 2 people not living with you that we may contact)

Name: _____ Phone: (____) _____-_____

Relationship: _____ Years Acquainted: _____

Name: _____ Phone: (____) _____-_____

Relationship: _____ Years Acquainted: _____

VETERINARY INFORMATION:

Current Vet: _____

Phone Number: (____) _____-_____

Do we have your permission to contact your vet? Yes No

Please sign here if yes: _____

CURRENT AND PREVIOUS PET INFORMATION:

Please provide the following information about your current pets:

Name	Breed	Age	Spayed/Neutered
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide the following information about any previous pets that are no longer with you:

Pet Name and Type	Reason Pet Is No Longer With You

AGREEMENTS FOR ADOPTION: (Please initial each)

I am prepared to make a 10 to 20 year commitment to this cat & am financially able to provide routine and emergency care for this cat's lifetime. This includes but is not limited to food, regular vet care, & flea/tick control. _____

I will work with my vet to form a regular schedule for wellness visits, inoculations & any tests necessary for the health & well-being of this cat. _____

This cat will be an indoor cat only & an important member of my family. _____

If, for any reason, I am unable or unwilling to keep this cat, I agree to return him/her to the HSOC. I will not give away or sell this cat, surrender to another shelter or place with any other person or family member without the express permission of the HSOC. _____

I understand & agree that the HSOC makes no guarantees about this cat's temperament & is not responsible for any future damages/injuries caused by this cat. _____

I agree that this cat is adopted "as is" with no guarantee whether implied or expressed. Any health condition unknown by the HSOC at time of adoption is not the responsibility of the HSOC. _____

I give the HSOC permission to call/visit my home with reasonable notice to assure that this cat is being properly treated/cared for. _____

I agree to keep the HSOC informed of my current address & phone number. _____

I understand that the adoption fee is non-refundable after 2 weeks. If the adoption doesn't work out within 2 weeks, I will return this cat to the HSOC upon which I will receive a full refund. If longer than 2 weeks is needed, I will call the HSOC to make arrangements in a timely manner. _____

Signature(s): _____

Date: _____

THANK YOU FOR YOUR INTEREST IN OUR PETS!

ADOPT, DON'T SHOP!