

Cat interested in _____

Date application received _____



**CAT ADOPTION APPLICATION
HUMANE SOCIETY OF LOGAN COUNTY**

In order to be considered for an adoption, you must:

1. be 18 years of age
2. have a valid identification with present address
3. have the knowledge and consent of all adults living in your household

*If renting, you must provide written permission from your landlord or rental agent

*If living with parents or other adults, you must provide written permission from your parents or other adults.

4. Ensure a stable and loving environment with the financial resources to provide medical care and other proper care as needed
5. understand that completing this application does not guarantee adoption and that the Humane Society of Logan County must approve your application

Name of applicant _____

Print names of all adults in the home _____

Print the names and ages of all children in the home: _____

Street address: _____

City: _____ County: _____ State: _____ Zip: _____

Home phone: _____ Work: _____ Cell: _____

Email _____

Employer's name _____

I live in a (circle one) House Mobile home Apartment Other, explain _____

I (circle one) Own Live with parents or friends Rent

_____ If you rent, which includes a mobile home, you must provide written permission from your landlord or rental agent.

_____ If living with parents or other adults, you must provide written permission from your parents or other adults.

How long have you lived at your present address? _____ If less than one year, what was your previous address? _____

Who will be responsible for the cat? _____

The cat will be kept (circle one) Inside Outside

If outside, explain circumstances. _____

Please list all of the pets you presently have or have had in the past 5 years.

Species	Name	Age	Breed	How long owned?	Spay/neutered	Why you no longer have the pet
1.	_____	_____	_____	_____	Yes No	_____
2.	_____	_____	_____	_____	Yes No	_____
3.	_____	_____	_____	_____	Yes No	_____
4.	_____	_____	_____	_____	Yes No	_____

Name of your veterinarian _____ Phone: _____
 Address: _____ City _____ Zip _____
 Under what name is your account at the veterinarian's office? _____

Have you ever adopted from a humane organization before? _____ Yes _____ No
 If yes, what is the name of the shelter? _____
 Have you ever released an animal to a shelter? _____ Yes _____ No
 If yes, which one and how long ago? _____

By signing this application, I certify that the information provided on this application is true, and I recognize that any misrepresentation of the facts may result in losing adoption privileges. I authorize investigation of all statements in this application, and I understand that veterinarians, landlords and other humane organizations may be contacted. I further understand that the adoption of this animal may be delayed until this application can be verified. If at any time the Animal Affairs Chairperson of the Humane Society of Logan County and/or local Animal Control authorities determine that the animal is being neglected or abused, this application will be null and void, and guardianship of the animal will revert back to the Humane Society of Logan County.

Signature of Applicant: _____ Date: _____

OFFICE USE

____ Signed and dated Release of Information Form

Verification: Address checked _____ Type of home _____
 If rent, landlord written approval _____ If other adults, written approval _____
 Veterinarian check: Contact name _____ Date _____
 Current vaccinations _____
 Humane organizations checked: Contact name _____ Date _____
 Previous adoptions _____
 Previous Relinquishments _____
 Other verifiable information _____

Application Approved _____
 Application Withdrawn _____
 Application Denied _____ Reason _____

____ Packet of information has been given to the applicant at the time of adoption

Name of cat adopted _____ Intake number _____

Adoption Counselor Signature _____ Date _____
 (Signature indicates all of the above has been verified)