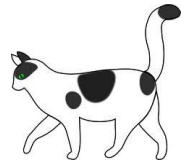


BERKSHIRE HUMANE SOCIETY – CAT ADOPTION APPLICATION

- PLEASE NOTE: You must be at least 21 years old to adopt
- You must have a valid license or photo ID with a current address



NAME: _____

| | | | |
|---|---|--|--|
| Name: | | Names of All other Adults in Household | |
| Address: | | | |
| Mailing Address(<i>if different</i>): | | | |
| | | | |
| City: | State: | Zip: | |
| Email: | | Home Phone: | |
| Occupation: | | Work Phone: | |
| Employer: | | Cell Phone: | |
| Do you : (check one in each column): | <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents | <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home – in a park? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (explain) | |

How long have you lived at your present address? _____

If less than one year, please give previous address (es) _____

| |
|---|
| Landlord's Name (if applicable): _____ |
| **Phone (Home) _____ (Work) _____ **THIS IS REQUIRED TO HOLD ANY ANIMAL** |

Are you planning to move or vacation in the next month? _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR HOUSEHOLD

Number of adults _____ Number of children _____ Ages of children _____

Are there children who visit regularly (grandchildren, stepchildren, partial custody, etc?) _____

Age(s) _____

Does any member of your household have allergies to animals? Yes _____ No _____

If yes, please explain: _____

What animals have you owned in the past five years? (Previous as well as current)

| Name of animal | Species | Age | Sex | Spayed/Neutered | Still own? |
|----------------|---------|-----|-----|-----------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Your Veterinarian (is used as a reference): _____ Phone: _____

Have you ever applied to adopt from BHS? Yes No Did you get a pet from us? Yes No Yr. _____

Have you ever given up an animal for any reason? Yes No

(If yes, explain) _____

CAT ADOPTIONS ONLY Please tell us why you would like to adopt a cat from us (Check all that apply)

| | | |
|---------------------------|--------|----------------------------|
| Companion | Mouser | For a child |
| Companion for another Pet | Gift | Gift for a Friend/Relative |
| Other | | |

Will this cat be allowed outdoors? Yes _____ No _____ If yes, under what circumstances? _____

How do you plan on discouraging the cat from clawing the furniture? _____

Do you plan on having your cat declawed? Yes _____ No _____

Do you have any questions / concerns? _____

Owning a pet is a lifetime commitment and responsibility. Unexpected situations may arise where sacrifices will have to be made to keep your pet. Are you willing to make this commitment? _____

A BHS Representative may come to your residence prior to an adoption for a home visit. Is there a day or time that is more convenient? _____

Will your family be interested in fostering a litter in order to receive pick of the litter? _____

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND THAT I AM AT LEAST 21 YEARS OF AGE. I GIVE MY VETERINARIAN PERMISSION TO RELEASE ANY AND ALL HEALTH RECORDS OF MY CURRENT AND PAST ANIMALS. I RECOGNIZE THAT MISREPRESENTATION OF FACTS MAY RESULT IN MY LOSING THE PRIVILEGE OF ADOPTING A PET. I UNDERSTAND THAT THE BERKSHIRE HUMANE SOCIETY HAS THE RIGHT TO DENY MY REQUEST TO ADOPT AN ANIMAL, AND I AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION.

Signature: _____ Date: _____

For office use only:

Landlord contact Date: _____ Comment: _____

Vet contact Date: _____ Comment: _____

Adoption counselor _____

Comments: _____