

# BERKSHIRE HUMANE SOCIETY – CAT ADOPTION APPLICATION



You must have a valid license or photo ID with a current address

Name:	Home Phone:
Address:	Cell Phone:
City:                      State:              Zip:	Email:
Employer:	Work Phone:
Occupation:	
Do you : <small>(check one on each row)</small>	<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

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, vacation or add to your family in the next few months?**  
 If yes, explain \_\_\_\_\_

### INFORMATION ABOUT YOUR HOUSEHOLD

Number of adults            _____ Number of children        _____ Ages of children            _____	Name(s) of other adults in the home:
Are there children who visit regularly (grandchildren, stepchildren, partial custody, etc?) Age(s) : _____	

**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** (used as a reference): \_\_\_\_\_ **Phone:** \_\_\_\_\_

Have you ever applied to adopt from BHS?  Yes  No

Did you get a pet from us?  Yes Year \_\_\_\_\_  No

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

(If yes, explain) \_\_\_\_\_

Tell us why you would like to adopt a cat from us: (Check all that apply)	<input type="checkbox"/> Companion	<input type="checkbox"/> Gift for a friend/relative	<input type="checkbox"/> Gift
	<input type="checkbox"/> Companion for another pet	<input type="checkbox"/> For a child	<input type="checkbox"/> Mouser
	<input type="checkbox"/> Other (explain) _____		

Will this cat be allowed outdoors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, under what circumstances? _____	

Do you plan on having your cat declawed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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How do you plan on discouraging the cat from scratching furniture?	_____ _____
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Do you have any questions or concerns?	_____ _____
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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.

What is a better time \_\_\_AM\_\_\_PM and day of the week \_\_\_M\_\_\_T\_\_\_W\_\_\_Th\_\_\_F\_\_\_S\_\_\_S\_\_\_

**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:	_____ _____ _____	