



BERKSHIRE HUMANE SOCIETY – CAT ADOPTION APPLICATION

YOU MUST HAVE A VALID LICENSE OR PHOTO ID WITH A CURRENT ADDRESS

DATE: _____
NAME: _____

NAME		HOME PHONE	
ADDRESS		CELL PHONE	
CITY	STATE	ZIP	EMAIL
EMPLOYER		WORK PHONE	
OCCUPATION		ARE YOU OVER 21? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU	<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	<input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> LIVE IN DORMITORY
	<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 (FIRST & LAST) _____ *PHONE _____

**This is required to hold any animal*

ARE YOU PLANNING TO MOVE, VACATION OR ADD TO YOUR FAMILY IN THE NEXT 3 MONTHS?

If yes, explain _____

INFORMATION ABOUT YOUR HOUSEHOLD

NUMBER OF ADULTS		FULL NAME(S) & RELATIONSHIPS OF OTHER ADULTS IN THE HOME:
NUMBER OF CHILDREN		
AGES OF CHILDREN		
ARE THERE CHILDREN WHO VISIT REGULARLY (GRANDCHILDREN, STEPCHILDREN, PARTIAL CUSTODY, ETC?) <input type="checkbox"/> YES <input type="checkbox"/> NO		
AGE(S) :		

WHAT ANIMALS HAVE YOU OWNED IN THE PAST FIVE YEARS? (PREVIOUS AS WELL AS CURRENT)

NAME OF ANIMAL	SPECIES	AGE	SEX	FIXED	STILL OWN?	DATE OF LAST RABIES VACCINE

YOUR VETERINARIAN (used as 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)		

Does anyone in your home have pet allergies? Yes No

If yes, explain? _____

Do you plan on having your cat declawed? Yes No

Do you plan on letting your cat outside? Yes No

If yes, under what circumstances? _____

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

Do you have any questions or 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.

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 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: _____		