

Sanilac County Humane Society

A non-profit "no kill" animal shelter supported solely by your donations

3847 Sheldon Street, P.O. Box 27, Carsonville, MI 48419

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societypets@att.net www.sanilac.petfinder.org

Cat Adoption Application

This questionnaire must be completed by anyone wishing to adopt an animal from the Sanilac County Humane Society (SCHS). SCHS tries to place all animals in permanent responsible homes, while trying at the same time to find a suitable pet for you, as it will be your responsibility for the life of the pet. Please do not consider this an invasion of your privacy. It is the policy of SCHS to ensure each animal finds the most compatible home possible.

PLEASE PRINT CLEARLY AND IN BLUE OR BLACK INK

Name of Pet You Wish to Adopt: _____ Date: _____

Your Name: _____ Spouse: _____

E-mail: _____

Address: _____ City/State/Zip: _____

Driver's License Number _____ State: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Are you employed? **YES** **NO** How Long? _____

Do you live at home with your parents? **YES** **NO** Age: _____

Do you live in: **HOUSE / APT. / CONDO/ MOBILE HOME PARK/ MANF. HOME COMM. / DUPLEX**

OTHER _____ Do you: **OWN** **RENT**

If you rent: Landlord's Name _____

Phone: _____

Number of people living in your household: _____ Please list ages of children: _____

Do all members of the household know you are adopting a pet? **YES** **NO**

Do any members of the household object to your plan to adopt? **YES** **NO**

Do any members of the household have allergies to pets? **YES NO**

Who will be responsible for taking care of your new pet? _____

Will an adult member of the household be home during the day? _____

Do you run a Day Care? **YES NO** Do you babysit children in your home? **YES NO** How many? ____

If you babysit in your home, how many hours a day are the children there? _____

Type of pet you are looking for: **CAT KITTEN**

Have you ever adopted a pet from this or any other shelter before? **YES NO**

Name of shelter _____ Location _____

Date adoption occurred: _____ Where is this pet now? _____

If pet is deceased, how and when did it die? _____

How many dogs / cats have you owned in the past five years? _____ Dogs _____ Cats _____

What happened to these pets? _____

Do you own any pets at the present time? **YES NO** Dogs: _____ Cats: _____

Name _____ Age _____ Sex _____ Breed _____

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Do your pets live inside or outside? Dogs? **INSIDE OUTSIDE** Cats? **INSIDE OUTSIDE**

Name of Veterinarian(s): _____ City _____ Phone _____

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Where will your new pet sleep? _____

Are you willing to assume the expense and time to take your pet to the vet for full preventative and medical care? **YES NO**

Are you aware that the cost per pet for shots and routine preventative care is between \$100 and \$200?

per year? **YES** **NO**

What will you do with the pet when you go on vacation? _____

If you have to move, what will you do with your pets? _____

How will scratching or destructive behavior be handled? (Please describe in detail) _____

Have you had a cat / kitten die on your premises of distemper, leukemia, FIV or unknown causes within the last six months? **YES** **NO** When? (Please describe in detail) _____

Are your cat'(s) shots up to date? **YES** **NO**

Do your cats live: **INDOORS ONLY** **OUTDOORS ONLY** **BOTH?**

Are you aware that indoor cats still require regular vet visits and annual vaccinations? **YES** **NO**

Has your cat(s) been tested for Feline Heartworm/FIV and Feline Leukemia? **YES** **NO**

Result? _____

Are your cats spayed or neutered? **YES** **NO** If no, Why? _____

Do you plan on letting this cat / kitten outdoors? **YES** **NO**

What times would be convenient should a representative from SCHS wish to visit your home after adoption to assure your pet's well being? _____

REFERENCES: Name: _____ Phone: _____

Name: _____ Phone: _____

Thank you for taking the time and effort to complete our Adoption Application. We feel it necessary to assure the most compatible homes, and to be in the best interest of both the animals and the adopters. **By signing below, I give SCHS permission to contact my veterinarian for information on current and/or past pets.**

Applicant's signature: _____ Date _____

We Reserve the Right to Refuse Adoption of Any Animal