

# Morgan County Humane Society Application for Cat/Kitten Adoption



Please check all descriptions that apply to the type of cat you are looking for:

Mouser \_\_\_\_\_ Outdoor only cat \_\_\_\_\_ Indoor only cat \_\_\_\_\_ Declawed Cat \_\_\_\_\_

Indoor and outdoor cat \_\_\_\_\_ Companion for the cat I already have \_\_\_\_\_

1. Are you inquiring to adopt a cat for: Yourself \_\_\_\_\_ A child(ren) \_\_\_\_\_ The family \_\_\_\_\_ Other \_\_\_\_\_

2. The ages of children who will come in contact with your cat on a daily or weekly basis:

Newborn to 2 years \_\_\_\_\_ 2 to 4 years \_\_\_\_\_ 4 to 8 years \_\_\_\_\_ above 8 years \_\_\_\_\_

3. Do you own your home? \_\_\_\_\_ If no, do you rent? \_\_\_\_\_ If renting list landlord's name and phone number \_\_\_\_\_

4. If you relocate in the future, would it be important to you to move to accommodations that would accept your cat \_\_\_\_\_ OR would you find a new home for the cat? \_\_\_\_\_

5. Do you or anyone in your household have a history of allergies or asthma? \_\_\_\_\_

6. Please list the pets you own (or have owned) in the past 5 years. Are/were they spayed and neutered? Declawed?

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8. Veterinarian reference name: \_\_\_\_\_ Phone # \_\_\_\_\_

9. Are you willing to commit to the next 10 – 20 years to care for this cat? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Will you take this cat to a vet for an exam and any veterinarian recommended boosters within the next 2 weeks? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Do you view a cat in general as an important member of the family? \_\_\_\_\_

13. Do you understand that there is an adjustment period for a new animal in your home and patience and understanding will be required for a few weeks? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Do you understand that you will need to isolate a new cat from your current cat if you want an FIV test to be performed, and to insure that the cat is clear of potential upper respiratory infection? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not approved for the particular cat you selected during this adoption process, it does not imply that you will not be approved in the future for another animal. Due to the different lifestyles and needs of people and the needs of the cat, we try to match a cat that will be compatible with you and a companion for life.

I understand that by signing this form, I am agreeing **NOT to declaw** this cat. Please look at the “**Declawing Alternatives**” brochure we have provided in your **Adoption Packet**.

Signature: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address \_\_\_\_\_

E-mail: \_\_\_\_\_

All pets are microchipped by the Morgan County Humane Society. In the event your pet is lost, and we cannot reach you, who would you like for us to contact?

Emergency Contact for Microchip (someone other than yourself):

Name (first, last) \_\_\_\_\_ Phone \_\_\_\_\_

The cat/kitten that I am interested in is: \_\_\_\_\_