UNION COUNTY HUMANE SOCIETY — CAT ADOPTION APPLICATION

Thank you for your interest in adopting from the Union County Humane Society! We are excited to help you find the right animal to join your family. Please take a moment to complete this form and return it to an Adoption Counselor.

Name: _____ Email: _____
First Last

Address: _____
Street City State Zip

Primary Phone: _____ Secondary Phone: _____

Cat Name: _____ ID: _____
(UCHS will provide this number)

Do you own or rent your home? OWN RENT (Landlord Name/Number) _____

Have you owned a cat before? YES NO If YES, when and for how long? _____

How many people live in the home? _____ Adults and _____ Children Is anyone in the home allergic to cats? YES NO

Does everyone in the home agree with getting a new cat? _____

Who will be primarily responsible for caring for the cat? _____

How will you manage unwanted behaviors like scratching furniture? _____

Please list the other pets in the home and specify dog/cat/other: _____

_____

What is the name of your current veterinarian? _____ Phone: _____

Where will the cat live primarily? Indoor Only Indoor/Outdoor Outdoor Only

Your cat will be alone how long during the day? Less than 8 hours 8-10 hours Greater than 10 hours

When you are not at home your cat will be: Confined to a room In a crate Loose In the yard/kennel

Terms and Condition:

1. I agree to have the cat checked by a veterinarian at my expense within ten (10) days. I will assume the cost of treatment that is required. UCHS strongly encourages all adopters to schedule annual vet visits.
2. I understand that cats HATE CHANGE, especially changes in environment. Please call UCHS (even during closed hours) if you are concerned about the health of your cat.
3. I understand that the UCHS does not guarantee the health, size, temperament, or behavior of this cat.
4. I agree that I will care for this cat with proper food, clean water, love, humane living environment, and veterinary care.
5. I will not give this pet up for research purposes.
6. I will keep this pet licensed in accordance with state and local laws.
7. If I decide that I no longer can care for this cat for any reason, I may return the cat along with the adoption folder during open hours. I understand that I have FOURTEEN (14) days to return the cat to the UCHS for a full refund (less the cat tag fee). If I return the cat past the FOURTEEN (14) days, I agree to pay a $30 surrender fee.

THIS IS A BINDING AND LEGAL INSTRUMENT. BY SIGNING BELOW I ATTEST THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS ABOVE IN THEIR ENTIRETY, AND HAVE ANSWERED HONESTLY AND TO THE BEST OF MY ABILITY.

Adopters Signature: _____ Date: _____

Adoption Counselor's Signature: _____ Date: _____

To be completed by a UCHS Adoption Counselor: Adoption Fee: $_____ Total Due: $_____