



Humane Society of Morrow County Adoption Application

16 S. Main St.
PO Box 298
Mount Gilead, Ohio 43338
Telephone: 419-947-5791
www.hsofmc.org

Thank you for your interest in our cats. We would appreciate your answers to the following questions so that we can make the best possible match for you, your family, your lifestyle, and the cat. It is very important to us that we find the correct home for each cat. All information will be treated as confidential. Submission of this application does not guarantee that you will receive a cat. An incomplete application or the misrepresentation of any facts on this application is grounds for refusal. A denial of adoption does not reflect negatively on you, it just simply means we may not feel the cat is a good fit for your family and/or household.

Our goal is to adopt cats into permanent, loving, and responsible homes. This information will help us find the best cat for you and your family. Although the application is lengthy, we use it as a tool to assess whether you are a good fit for the particular cat you are applying for AND to help potential adopters think through their decision of adoption thoroughly before proceeding. The typical adoption fee is \$75; however, the adoption fee may vary with the cat. All cats are spayed/neutered; test negative for FLV/FIV; have received the felovax vaccination and older cats will have had their rabies vaccine; and flea/tick preventative prior to adoption. Please note the processing Adoption Applications may take 3-5 business days.

Instructions:

Please complete and submit an Adoption Application as the first step in the adoption process. Here is the process that typically takes place:

1. Application submitted, once received, you will receive an email or phone call to schedule the home visit and answer any questions you may have.
2. Home visit performed (we do not bring the animal to the home visit, this is time for us to see the environment the cat would be living in and to determine if it would be a good fit for both you AND the cat)
3. Vet reference and personal references checked
4. You will receive either a phone call or an email to inform you if your application was approved or denied. At that time, if approved, we will schedule a time to deliver the cat or meet you at our center or Pet Supplies Plus if showcased there.

You may print and return by land mail or drop off, the completed and signed adoption application to:

Humane Society of Morrow County
16 S. Main St/P.O. Box 298
Mount Gilead, OH 43338

Or, you can e-mail the completed and signed adoption application to: info@hsofmc.org

Today's Date _____

Personal Information

Your Full Name: _____

Your Spouse's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Primary Phone: _____ Secondary Phone: _____

E-mail Address: _____

Age: _____ Employer: _____

What hours do you work? _____

Your spouse's employer? _____

What hours? _____

How much time will the cat likely spend alone each day? _____

Does anyone in your family have pet allergies? If yes, please explain:

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Please list the names and ages of all people residing in your household:

| Name | Age |
|------|-----|
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Your Home and Yard:

Do you live in: a house: apartment: a condo: other:

If other, please describe:

| |
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| |
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Do you: own: rent:

How long have you resided at your current address? _____

If under 2 years, give your previous address:

| | |
|-----------|--|
| Address: | |
| City: | |
| State: | |
| Zip code: | |

What type of area do you live in? city: suburban: rural:

If you rent, does your rental agreement permit pets? yes: no:

If landlord permits animals is there any weight limit? yes: no:
If yes, please indicate the weight limit: _____

If you rent please list the landlord's contact information (required):

| | |
|-----------|--|
| Name: | |
| Address: | |
| City: | |
| State: | |
| Zip code: | |

| | |
|----------------------|--|
| Telephone Number: | |
|----------------------|--|

Care and Training of the Cat:

The cat you are interested in _____

Describe the cat you want (age, sex, size, breed, etc)

How much do you expect to spend each month on food, grooming, veterinarian care, etc? \$ _____

If your cat becomes extremely ill, can you afford to pay veterinarians bills for an extended length of time, realizing that the larger the cat, the more expensive the bills tend to be? yes no

Please tell us a little about yourself, why you want this cat, and why you feel you could provide a good home for a cat.

Where will the cat sleep at night? (Please be specific)

Where will the cat spend its time alone? (Please be specific)

Would your cat be living with or have any of these neighbors/visitors, or encounter any of these situations/activities regularly?

| | | | |
|--------------------------------|--------|-------------------|---------------|
| Children under 10 years of age | Cats | Poultry/Livestock | Teenagers |
| Other Cats: Male Female | Horses | Joggers | Skateboarders |
| Bicycles | Cars | | |

Which family member will provide the majority of care for this pet?

When you go on vacation, where will your cat go, and who will care for it?

If you move, what will you do with your cat?

How long do you feel a cat should be given for an adjustment period?

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Are you and your family members willing to work with a new cat on any issues that he/she may have? yes no

What behaviors would you have a hard time dealing with in your cat?
(Please check all that are applicable)

| | | | |
|-------------------------|--------------------------|-------------------------------|-------------------|
| Dominance | Stubborn | Quiet | Overly protective |
| Digging | Aggression | Nervous or shy | |
| Too friendly | Biting | Submissive | Noisy |
| Too energetic | Not good with other pets | Plays too rough with children | Aloof |
| Needs too much exercise | Escaping behavior | Jumping on people | |

Your Other Animals:

Please list all animals you have owned in the last ten years that you no longer have:

| Name | Type of Animal | Age | Sex | Spayed/ Neutered | Indoor or Outdoor? | What happened to the pet? (Please be specific) |
|------|----------------|-----|----------------|---------------------|-----------------------|---|
| | | | male female | yes no | in out | |
| | | | male female | yes no | in out | |
| | | | male female | yes no | in out | |
| | | | male female | yes no | in out | |

Please list any current pets that you own:

| Name | Type of Animal | Age | Sex | Spayed/ Neutered | Heartworm Preventive | Last Vaccination (Mo/Yr) | Flea Preventive | Indoor or Outdoor? |
|------|----------------|-----|----------------|---------------------|-------------------------|--------------------------------|--------------------|-----------------------|
| | | | male female | yes no | yes no | | yes no | in out |
| | | | male female | yes no | yes no | | yes no | in out |
| | | | male female | yes no | yes no | | yes no | in out |

| | | | | | | | | |
|--|--|--|----------------|-----------|-----------|--|-----------|-----------|
| | | | male female | yes no | yes no | | yes no | in out |
|--|--|--|----------------|-----------|-----------|--|-----------|-----------|

Name and telephone number of your Veterinarian:

| | |
|-------------------|--|
| Name: | |
| Telephone Number: | |

May we call your Veterinarian and ask how you take care of your animals? yes no
If no, why not?

If you do not currently have a cat, how long since you had one? _____

Other Information:

How did you hear about us?

Have you ever applied to adopt an animal from us? yes no
Which animal? _____

Will you allow us to periodically visit your home (this would only be if we feel there is a problem with the care of the cat and with a scheduled time of course)? yes no
If no, why not?

Do you agree to return the cat to HSofMC if you can no longer keep it? yes no

Do you agree that if you adopt a cat and we learn that you are not meeting our standards on caring for him/her, that you will return the cat to us immediately?
yes no

What conditions/circumstances would cause you to give up a cat?

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Please answer the following questions briefly:

How often should your cat have booster vaccinations? _____

How often should your cat be checked for internal parasites? _____

Personal References:

Please list two (2) non-relatives who have known you for at least 2 years. Please, no work telephone numbers.

1. Personal reference:

| | |
|-------------------|--|
| Name: | |
| Address: | |
| Telephone Number: | |
| Relationship: | |

2. Personal reference:

| | |
|-------------------|--|
| Name: | |
| Address: | |
| Telephone Number: | |

| | |
|---------------|--|
| Relationship: | |
|---------------|--|

I hereby affirm that all of the above information is true and correct. I understand that submission of this application does not necessarily mean that I will be approved to adopt and that you reserve the right to reject any applicant. I authorize you to verify any and all information set forth in this application and to contact my personal and veterinarian references.

Signature _____ Date _____

NOTE * Without your signature we cannot process this application.**

**PLEASE BE SURE TO CONTACT YOUR VETERINARIAN AND LET THEM KNOW
WE WILL BE CALLING. WITHOUT YOUR CONSENT, YOUR VETERINARIAN
CANNOT RELEASE INFORMATION TO US.**

I hereby give my consent for the Humane Society of Morrow County to contact my veterinarian as listed within this application.

Printed Name/Signature Date