



Getting to Know You - Feline

Preliminary Adoption Form

What cat are you interested in adopting: _____

Name: _____ Date: _____

Cell Phone #: _____ Home Phone #: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Microchip Emergency Contact (Other than self):

Name: _____ Phone: _____

If you rent, does your landlord allow pets? Yes No Is there a pet limit? _____

Amount of pet deposit? _____ Has the pet deposit been paid? Yes No

Name of Apt/Housing Complex: _____ Manager Phone: _____

Are you: Working Retired Attending School Companion Homemaker Other: _____

How many pets do you currently have? Cats: _____ Dogs: _____ Other: _____

Type of Pet	Name	Age	Spayed/Neutered?	Current on Vaccines?

Please list any other pets you have previously owned as an adult:

Type/Name	Age	Spayed/Neutered?	How long ago?	How long did you own?	What happened?

Veterinarian's Name: _____ Phone: _____

I would like a cat who is:

I prefer a:

- Very Playful Somewhat Playful Not Very Playful
- Very Active Somewhat Active Total Couch Potato
- Independent Attached to People In Between

- Male Female Either

Please check any of the following reasons for adopting this cat:

- Family Pet Child's Pet Gift Companion Companion for other pet Other, please specify _____

Will this cat be a surprise for anyone? No Yes, who? _____

Is everyone in the household in favor of adopting this cat? No Yes

Are there any other adults living in the household? No Yes

Are any members of your household allergic to cats? No Yes

How many children are in your household? _____ Please list ages: _____

How will you handle interaction between the new cat and your children? _____

Who will be responsible for the daily care of your new cat? Self Spouse Children Roommate

How much do you expect to spend annually on vet care for your cat? _____

If your cat develops an expensive medical problem what would you do? _____

Are any of your current cats or have any of your previous cats been declawed? No Yes

Will you declaw your new cat? No Yes Maybe Please Explain: _____

What are the maximum number of hours the cat will be left alone on a typical day? _____

What percentage of the time will the cat live indoors: _____%

Do any of your current pets spend time outdoors? No Yes Why? _____

How will you handle litter box training/problems? _____

How will you handle scratching and/or destruction issues? _____

- Which circumstances, in your mind, justify giving up a cat? Cat's Medical Problems Personal Medical Problems
- Moving Ruining Furniture Scratching Aggression Divorce New Baby Spraying Shedding Allergies
 - Lost Job Marriage Children Losing Interest Not getting along with other pets Not getting along with child
 - Other: _____

Can you/are you prepared to provide a permanent loving home for this cat for 15 years or more? _____

By signing below, I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for disallowing the adoption of the rescue cat and possible removal of said cat from my home. I consent to Butte Humane Society representatives discussing information on this application with any persons named on this application. Applicants must be 18 years of age or older.

Butte Humane Society reserves the right to refuse any applicant for any reason. All completed applications become the property of Butte Humane Society.

Signature of Applicant

Date