



Humane Society of Harford County

Adoption Application for a HSHC CAT

Name: _____ Date: _____

Address: _____

City/State: _____ ZIP: _____

Phone: _____ Work: _____ Cell: _____

Email: _____ DOB: _____

Occupation: _____

Please list the members of your household (names and ages): _____

Who will be primarily responsible for the care of this animal? _____

Have you ever been charged with an animal related crime? YES NO

Please state your reason for wanting to adopt a new kitty: _____

Are you willing to give your new kitty 6 weeks to adjust to its new environment? (this may include behavioral issues): YES NO

Do you agree to take your adopted animal to a vet within 30 days of adoption? YES NO

Do you understand that your adopted animal may require additional veterinary care as a result of being exposed to shelter related illnesses (i.e. Upper Respiratory Infection, etc.) YES NO

Please list all your current pets and all the pets you have had in the past 5 years:

Pet's Name	Species	Breed	Age	Sex	Altered? Yes or No	If you no longer have this pet, where are they now?

If your current kitties aren't up to date on vaccines or altered, please explain why:

Have you ever had to give an animal away? YES NO

If yes, what were the circumstances? _____

Would you be willing to make a donation to help the other homeless animals of HSHC?

YES, in the amount of: \$ _____ NO

I would prefer a cat who will (circle all that apply):

Live indoors Come and go independently

I would NOT tolerate or would have difficulty managing the following (circle all that apply):

Not using the litter box Scratching furniture Wanting to go outside Play biting

Other: _____

I understand that the falsification or omission of any of the above information will result in automatic refusal of adoption or confiscation of the adopted animal. I authorize HSHC to verify the validity of any information contained in this application.

I hereby agree to release, discharge, indemnify and hold harmless the Humane Society of Harford County and any of its agents from any and all liabilities that may arise out of the handling by me and/or my party.

Signature: _____ **Date:** _____

FOR HSHC USE ONLY

Approved _____ **Denied** _____ **Adoption Counselor:** _____

Comments: _____