



Adoption Pre-requisites:

- *Adopter must be 21 years old or a homeowner if under 21. Proof of ownership may be required.
- *Current Pets must be spayed or neutered and current on vaccinations.
- *CCHS will check with landlords for approval of pets in rental homes/apartments/condos.

Columbia County Humane Society Cat Adoption Application

Date: _____ Name of Cat: _____

Reason you would like to adopt this cat: _____

Please describe the needs of the cat you have chosen: _____

Name: _____ Spouse or Sig Other: _____

Address: _____ City/State/ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Number: _____

Driver License #: _____ Email Address: _____

Preferred Method of Contact: _____

If you rent, please provide: Landlord's Name: _____ Phone number: _____

Veterinarian Reference: Name of Clinic: _____ Phone number: _____

Personal Reference: Name: _____ Phone number: _____

I give CCHS permission to check my references:

Sign: _____ Date: _____

The Columbia County Humane Society offers adopters 1 month of free pet insurance. This insurance will provide you with coverage for your pet for 1 month. Would you like this insurance: YES NO

How did you hear about the Columbia County Humane Society: _____

Please describe a typical day in your household: _____

Is your house a: HOUSE TOWNHOUSE CONDO FARM APARTMENT MOBILE HOME

Where will you keep this cat?: INSIDE OUTSIDE INSIDE/OUTSIDE

Do you plan to have this cat declawed: _____ If yes, please talk to a staff member first about alternatives to declawing. Declawing is a painful amputation. CCHS prefers proper training of cats instead of declawing. How will you cope with this cat's need to scratch?: _____

If your lifestyle changes or you have to suddenly move, with the change or move include the cat?: YES NO

If no, please explain: _____

It may take 1 month or longer for a new cat to adjust to a new home and routine. Will you allow this much time for adjustment and training?: _____ What are your plans for helping this new cat adjust to your household and routine?: _____

If this cat became seriously ill, would you be able to care for it financially?: _____

Are you able to financially care for a cat by providing it with yearly routine vet care, vaccinations and food?: _____

How much would you estimate the yearly cost care of a cat to be?: _____

This cat has been vaccinated and cared for by CCHS. Will you take this cat for an exam within 7 days of adoption?: _____

Please remember CCHS offers a 7 day health guarantee. If you choose not to take the cat to the vet to be checked over by a licensed veterinarian within 7 days, your 7 day health guarantee will be void. Please sign here stating you understand this statement: _____

Have you ever surrendered a pet to a shelter/rescue group or another family before?: _____

Please list the reason: _____

Please list the ages of the children in the household or that visit regularly: _____

What are your plans for adjusting the new cat to children in the household?: _____

Do you have a quiet and accessible area for food, litterbox and water dishes away from the children?: _____ Do you have an area that is quiet for the cat to get away from the activity of the household, please explain?: _____

Are you available to supervise interaction between the new cat and the children at all times?: _____

Please discuss your plans for teaching your children or children that visit your home, the proper handling and interaction with a cat: _____

I understand once I leave the shelter with my new cat, I am responsible for any property damage or bites that caused by my new cat: Sign here: _____

I understand if I adopt a cat that is having trouble adjusting or fitting into the family, I will contact CCHS for advice to help the new cat. I will call CCHS before giving the cat away or surrendering the cat to another humane society or rescue group. Sign here: _____

CCHS does not test all of the cats for adoption for feline aids/feline leukemia (FeLV/FIV). This test can be provided for a \$20 fee. Would you like CCHS to do the testing once approved for adoption? YES NO

Please provide the information of your pets, recent past and present:

Name	Breed	Age	Male/Female	Spay/Neuter	Still Own?

If your current pets are not spayed or neutered, please list the reason why: _____

CCHS HAS THE RIGHT TO ACCEPT OR DENY THIS APPLICATION FOR ANY REASON. We choose the home WE feel is the best home for the cat based on the interaction with the family. **A filled out application does not guarantee your application will be accepted for the cat you are applying for.** I hereby state that information provided is true to the best of my knowledge. Falsifying information will result in a denial of my application. I also sign that I understand how the adoption process works and the fees involved with adoption. I understand that if the cat I have chosen is not altered at the time the application is filled out, I must wait until the surgery is performed before the cat can go home with me. This time frame may be 1 week or more depending on surgery space availability. Adopting a cat is a lifetime commitment.

Signature of applicant one: _____ Date: _____

Signature of applicant two: _____ Date: _____