

FOOTHILLS HUMANE SOCIETY
 989 Little Mountain Road
 Columbus, N.C. 28722
 Phone (828) 863-4444
 Fax (828) 863-2122

CAT ADOPTION APPLICATION

Type of ID: _____
State: _____
ID #: _____

Thank you for completing this application. It is necessary to complete this application to be approved for any FHS animal. The purpose of the questions is to assist staff in ensuring a good match for you and to ensure that the animal receives a caring, responsible and permanent home for the animal(s). It is in the best interest of our animal(s) that we screen all applications, to choose the appropriate home, regarding of the order in which applications are received

HOW DID YOU HEAR ABOUT US: ADOPTED FROM FHS **FACEBOOK** **FHS WEBSITE** **PETFINDER**
CRAIGS LIST **PET OF THE WEEK** **FRIEND/FAMILY** **OTHER**

ARE YOU INTERESTED IN RECEIVING INFORMATION ABOUT FHS/EVENTS? If so, how would you like to receive this information: **EMAIL BLAST** **WEBSITE** **FACEBOOK**

APPLICATION FOR (NAME OF CAT(S)): _____



Name: _____ **Age:** **Over 18** **Under 18**

Mailing Address (Street, City, Zip Code): _____

Physical Address (Street, City, Zip Code): _____

Work Name: _____

Home/cell Phone: _____ **Work Phone:** _____ **Phone:** _____

Email Address: _____

I live in a: **House** **Apartment** **Mobile Home** **Other** | **How long at this address?** _____

I: **Rent** **Own** | **If you rent, does your agreement permit pets?** **Yes** **No** **Unsure**

Number of people at residence: _____ **Do all of these people know you plan to adopt a pet?** **Yes** **No**

Ages of children in your household: _____ **Does anyone have allergies?** **Yes** **No**



List of all your current pets: _____

Name of Pet	Dog	Cat	Other	Spayed/Neutered?	Age	Animal primarily stays
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both

List of all your current pets (cont'd): _____

Name of Veterinarian or Clinic: _____

Location: _____

Vet Phone: _____ Date of last visit with Vet: ____/____/____

Other names pet(s) may be listed under (i.e. spouse, parents, etc.): _____

Are your other pets (if applicable) up-to-date with its rabies vaccinations? Yes No

EMERGENCY INFORMATION

(by providing this information you are allowing FHS to contact your Veterinarian or Clinic for a Vet reference)

EMERGENCY INFORMATION

Please list your emergency contact for your new pet's microchip.

Name of person who DOES NOT LIVE WITH YOU that will care for your pet if you become ill or are out of town.

Name/Relationship: _____ Phone: _____

CAT ADOPTION QUESTIONNAIRE

Where will your cat stay?

Indoors Only Indoors/Outdoors Outdoors only ; If outdoors only, is there shelter where your cat can be housed?

Yes No What type of shelter? _____

How much time will you allow and how will you acclimate your cat? _____

What methods will you use to keep your cat from scratching furniture and counter surfing?

Have you had other cats or other pets in the past that you do not currently have? Yes No If so, what happened to these pets? _____

List Past

Pets: _____

FHS DOES NOT allow cats/kittens adopted from FHS to be DECLAWED. I acknowledge this policy and agree to abide by this policy. Yes No Initials: _____

I hereby acknowledge and agree to the following:

1. I agree to have the animal examined by a licensed veterinarian within 7 days from the date of adoption at my own expense. If the animal is found to be ill or unhealthy during this visit, I understand that I may return it to FHS with the veterinarian's diagnostic statement confirming the health problem. I understand that I may then choose another animal. Once returned to FHS, I will have a six (6) month period of time to exchange this animal for another animal of equal adoption fee value.
2. FHS is committed to this animal's well-being for the remainder of its life. **If at any time I cannot provide for this animal, I agree to notify FHS and will not surrender the animal to another shelter or re-home the animal without express permission from FHS.**
3. I agree to provide current vaccinations against diseases in accordance with local and state laws. I agree to comply with any city and/or county animal laws and ordinances as required by law.
4. I agree to humanely care for and provide proper food, water and shelter for any animal, including routine periodic veterinary examinations and monthly heartworm prevention
5. I agree to keep the animal as a personal pet and the animal will not be used for medical or any other experimental or inhumane purpose. I further agree that this adopted animal will not be inhumanely chained or confined.
6. **I understand that in the instance that I am "fostering" or "fostering to adopt", the animal remains the legal property of FHS and I may not surrender it to any other animal shelter or animal welfare organization. I further agree that I am required to bring the animal to the shelter for any required medications prescribed by FHS, i.e. Heartworm Treatment, as scheduled by FHS.**
7. I understand that FHS reserves the right to reclaim an animal adopted from FHS if there is any violation of the terms of this agreement or if FHS has factual information that the animal is not being properly cared for and/or is in abusive or dangerous circumstances or environment. The adopter will not have the right to contest this action, and will be banned from adopting any other animals from FHS.
8. I understand that FHS does not allow the declawing of cats or kittens adopted from FHS and therefore will not seek to have said cat/kitten declawed. I understand that FHS may take recourse, such as described in #7 above if this clause is violated.
9. I understand that FHS does not guarantee this animal's health condition, temperament, behavior or prior ownership.

10. **I understand that any sum I have given for the adoption of this animal is not refundable as it is a donation toward FHS' care for this and other animals by FHS.**
11. I hereby accept possession and responsibility of and for the animal identified to be adopted above, at my own risk, and hereby covenant and agree not to sue or assert any claim, demand or action against or with respect to FHS for myself and/or others, directly or indirectly, regarding or arising from this animal and hereby hold harmless, release and waive any right or claim against FHS, which I or others now or in the future may have for any damages or injuries to person or property caused by said animal.

I certify that I have given complete and accurate information and Foothills Humane Society may verify this information. I further agree to follow State laws in having this animal vaccinated for rabies and certification of the rabies vaccination be maintained at the veterinarian's office.

I understand that Foothills Humane Society reserves the right to refuse adoption. If your application for adoption of a pet is not approved, we will do our best to explain the reason(s). A denial is not a rejection of you as a person; it is a refusal to place a pet in a situation that we do not feel is a good match or does not meet our policies.

Signature of Adopter: _____ **Date:** _____

OFFICE USE ONLY		
<input type="checkbox"/> Adoption Approved	<input type="checkbox"/> Foster to Adopt	<input type="checkbox"/> Denied – Reason _____
Staff Initials: _____	Date: _____	

Revised August 2014 / Revised February, 2016/May, 2017