



FM Humane Society

CAT ADOPTION APPLICATION

1201 28th Avenue North Fargo, ND 58102

Phone: 701/239-0077 Fax: 701/239-2580

Cat's Name: _____ FMHS # _____

The FM Humane Society strives to place the animals entrusted to our care in permanent, loving homes. The purpose of this application is to aid us in that process and to get acquainted with prospective adopters. We want to help you in your choice of a cat that will be well suited to your family, home, and lifestyle. Your decision is important since this is a lifetime commitment.

PLEASE PRINT:

Name _____ Home Phone (____) _____

Address _____ Work/Cell Phone (____) _____

City _____ State _____ Zip _____ E-mail _____

1. Have you ever owned a cat? _____ Who are you adopting this cat for? _____

2. Are all household members in agreement with this adoption? _____

3. Have you ever adopted a pet from this or any Humane Society or rescue organization? Yes No If Yes, do you still have the pet? Yes No If No, please tell us why you no longer have the pet. _____

4. Have you ever surrendered a pet to this or any Humane Society or rescue organization? Yes No If yes, why? _____

5. Do you: a. OWN: _____ House _____ Mobile Home
b. RENT: _____ House _____ Mobile Home _____ Rental Unit (apt., condo, etc.)
c. Live with parents _____

Name of apartment complex or mobile home park: _____

Name of Landlord: _____ Phone Number: _____

Landlords will be contacted to verify permission to own pets. This includes mobile home parks.

6. Do you want this cat for (check as many as apply):

_____ Mouser _____ Companionship _____ House Cat
_____ Farm/Barn cat _____ Breeding _____ Gift _____ Therapy

7. Have you discussed the energy level of this cat with a staff member? _____

8. Are you aware of the time and commitment involved in owning a cat? _____

Are you aware of the financial cost involved in owning a cat? _____

9. Are you a student? Yes No If yes: Full time Part time What will you do with this animal when the academic year is over? _____

10. Are there any other pets in the household? Yes No Please list breed(s) and age(s): _____

11. Do any household members have pet-related allergies, and if so, to what? _____

(please turn over)

12. Name of your veterinary clinic _____
13. How long will this animal be left alone each day? _____
14. Will you allow this cat to be outdoors? Yes No If yes, will it be confined or running free? _____
15. How many people live in your household? _____
16. Do you have children under age 18? _____ Ages: _____
17. Do you run a daycare? Yes No If yes, ages of children: _____
18. If you move, what will you do with the animal that you adopt? _____
19. Character reference: List two references who:
- a) know you well
 - b) do not live with you (one reference must be unrelated):
 - c) did not accompany you to the shelter

- Name: _____
 Relationship: _____
 Phone number: _____

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 Relationship: _____
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Since many animals come from unknown backgrounds, FMHS cannot be responsible for the health or behavioral problems of this animal, and cannot guarantee personality or temperament. Therefore, I am prepared to provide any necessary medical care including regular vet care and annual vaccinations as well as any humane behavioral training required.

_____ (*please initial*)

I certify that this information is true and correct and acknowledge that I have read this questionnaire and fully comprehend it. I understand the Humane Society has the right to deny adoption for any reason they see fit.

Signed: _____ Date: _____

Staff Use:

Date received _____ Staff Initials _____

Notes: