



# CAT ADOPTION APPLICATION

1201 28<sup>th</sup> 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 given a pet away or surrendered a pet to a shelter/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 \_\_\_\_\_ If yes, parent's phone number: \_\_\_\_\_

If you rent: 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 \_\_\_\_\_ Gift for \_\_\_\_\_  
\_\_\_\_\_ Farm/Barn cat \_\_\_\_\_ Breeding \_\_\_\_\_ Therapy

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

8. Are you aware of the time, financial cost, and commitment involved in owning this 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. How many people live in your household? \_\_\_\_\_

11. Are there children under age 18 in the household? Yes No If yes, ages: \_\_\_\_\_

12. Do you run a daycare? Yes No If Yes, ages of children: \_\_\_\_\_

13. Do any household members have pet-related allergies, and if so, to what? \_\_\_\_\_

*(please turn over)*

14. Please list all animals in your care in the last 5 years (include roommates' or relatives' pets currently residing in your home):

Name	Cat, Dog or Other	Breed	Age	Spayed/Neutered?	Still own/living in household?
				YES NO	YES NO—why? _____
				YES NO	YES NO—why? _____
				YES NO	YES NO—why? _____
				YES NO	YES NO—why? _____
				YES NO	YES NO—why? _____
				YES NO	YES NO—why? _____

15. Veterinary clinic for current animals: \_\_\_\_\_ Phone #: \_\_\_\_\_

16. Have you ever allowed your previous cat(s) to be outdoors? Yes No

17. Will you ever allow this cat outdoors? Yes No If yes, will the cat be confined or running free? \_\_\_\_\_  
 \_\_\_\_\_ If confined, how so? \_\_\_\_\_

18. How will you handle any behavioral issues that may arise (including scratching, crying, getting on counters, etc.): \_\_\_\_\_

19. This pet will be without human companionship for \_\_\_\_\_ hours per day, \_\_\_\_\_ days per week.

20. If you move in the future, what will you do with the animal that you adopt? \_\_\_\_\_

21. 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
- d) local references and phone # (if possible)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

**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)

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet. I authorize investigation of all statements on this application. ***I understand that the FM Humane Society may deny an adoption, for any reason, if they feel it is not in the best interest of the animal.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_