CAT ADOPTION APPLICATION

Clinton Animal Shelter
1307 N. Washington
Clinton, MO 64735
660-885-7999

Today's Date: _____

Animal's Name: _____

NAME (Adopter's):

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

CELL:

EMAIL:

EMERGENCY CONTACT (This should be a person **not** within the household.

Name: Phone:

Do you own or rent your home?

If rent, landlord's contact information:

Do you live near a busy road?

Are there aggressive dogs in your neighborhood?

Do all the adults in the house want to adopt a cat?

How many people live in the home?

If kids, what are their ages?

Initials: _____/_____

Will your cat be an indoor cat?

Do you have any other pets?

What type?

Age/Sex?

Are your other pets spayed/neutered?

Do they get along with cats?

What issues will you be unwilling to work with?

Veterinarian information you are using if you currently have a pet or if you do not have a pet the veterinarian you used in the past.

Veterinarian's Name:

Veterinarian's Phone:

Two Personal References – Not a family member:

1. Name:

   Contact Phone Number:

   Your relationship with this person?

2. Name:

   Contact Phone Number:

   Your relationship with this person:

Initial _____

With the adoption application being processed and accepted, your new companion pet will be spayed or neutered, up to date and current on the FVRCP vaccination and rabies. It is important to take note of the original dates the vaccines were given and to follow through each year.

By signing this application, you are agreeing to take care of the cat, provide proper vet care including continued yearly vaccines, feed him/her good quality food, and provide water at all times. You are also agreeing to allow Clinton Animal Shelter to contact references listed. **You are also agreeing to keep the cat indoors at all times. No Clinton Animal Shelter cat is allowed to be considered an outdoor cat.** If the cat becomes missing or lost you agree to contact your local humane society, friends, neighbors and family members ALONG with the Clinton Animal Shelter ASAP at 660-885-7999. Also, signing this form makes you fully responsible for said pet. You will take full responsibility for any damage or injury said pet may cause.

If for any reason the animal does not work out you agree the animal will be returned to the Clinton Animal Shelter. You agree not to rehome the pet.

Thank you for making adoption first option in your choice of companion family members. If there are any questions please feel free to contact the shelter.

The Clinton Animal Shelter is not responsible for any transmitted ailments to your pets from the cat you are adopting.

Initials: _____/_____

I, the Adopter, certify I agree with all statements made in the above agreement.

_____
Adopter Signature

_____
Adopter Printed Name

_____
Date

LANDLORD INFORMATION AND PET APPROVAL

I,_____(print) am the landlord, owner, or management company for the following apartment complex/home/duplex _____ located at _____.

I approve my tenant (name) _____

to have a pet DOG CAT (circle one) at the address listed above.

_____

Signature of landlord/owner

_____

Contact phone number and email address

Initial _____