L & C Humane Society www.mtlchs.org Phone 406.442.1660

Cat Adoption Application

Return to Lewis & Clark Humane Society Counselor at adoption event or fax back to 406.457.9446

Pets You Are Applying for:	Date:
Impound #	Adoption Counselor Name

Applicant/Co-Applicant Information

Last Name:	First Name:	Age:
Last Name:	First Name:	Age:
Address:		Apartment #
City:	State:	Zip Code:
Previous Address: (if less then 3 years)		Apartment #
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		

☐ I own my home

☐ I rent my home Are pets allowed at this residence? ☐ Yes ☐ No

Landlords First and Last Name:_ Landlords Daytime Phone:

Type of residence: ☐ House ☐ Apartment ☐ Condo ☐ Mobile/Trailer

How long have you lived at this address?	Any plans to move in the near future?

How were you referred to LCHS? ☐ Friend/Family ☐ Newspaper ☐ Outreach Event ☐ Other_____

Family/Household Information

Number of adults in the household:	Relationships:

Have all the adults in the household agreed to this adoption? ☐ Yes ☐ No

Number of children in the household:	Ages of children:

Have the children had pets before? ☐ Yes ☐ No What kind?

Do you expect your current family situation to change?

Is anyone in the household allergic to pets? ☐ Yes ☐ No	Who?

Why would you like to adopt an animal from us? (Check all that apply)

☐ Companion for self
☐ Companion for child
☐ Companion for another pet
☐ Companion for another household member
☐ Gift
☐ Barn Cat
☐ Mouser

Employment Information

Employer:	Position Held:

Address:

City:	State:	Zip Code:
How long have you been with this employer?		Work Phone:

Pet Information

Have you had pets in the past or do you currently have pets? Please tell us about them

Name	Breed	Age	Gender	Spayed/Neutered	Where are they?
			☐ M ☐ F	☐ Y ☐ N	
			☐ M ☐ F	☐ Y ☐ N	
			☐ M ☐ F	☐ Y ☐ N	

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Have you ever given an animal away or relinquished an animal to a shelter? ☐ Yes ☐ No If Yes, what were the circumstances?	
Veterinarian Information	
Veterinarian's Name:	Veterinarian's Phone:
When was your pet's last visit to a veterinarian and why?	
New Pet Information	
How long have you been looking for a pet?	
Why are you interested in this Cat(s)?	
Have you ever owned a cat?	
What will you feed your new pet?	How often will you feed your pet?
How much time are you prepared to allow for your new pet to adjust to your home?	
Are you able to afford a bill of $200-$800 (or more) for emergency veterinary care? ☐ Yes ☐ No	
How much do you expect to spend on maintenance for your pet in a year?	
Are you committed to providing a responsible home for your pet's entire life (15+ years)? ☐ Yes ☐ No	
If you have to move, what do you plan to do with your pet(s)?	
Who in the household will be the cat's primary care giver?	
When you are out of town, who will be the cat's primary care giver?	
In case of emergency, who will care for the cat?	
Where will the cat be kept most of the time? ☐ In the house ☐ Outside ☐ Garage/barn ☐ Other:_____	
Where will the cat be kept during the day?	During the night?
Are you considering having the cat declawed?	Why?
What will you do if the cat scratches, dumps garbage, etc.?	
How do you train/discipline your cat(s)?	
How many hours per day will your cat be left alone?	
What will you do if your cat does not get along with your other pets?	
If you or someone in your house gets pregnant or has a baby then will you keep the cat(s)? If NO, what will you do with the cat?	
What would you do if your cat develops a problem with: Scratching/Chewing:	
Urinating/ defecating outside of litterbox:	
Anti-social "Scardy cat":	
Climbing:	
Aggression:	

References

Please list 3 personal references below.

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1. _____

(Name) (Relationship) (Phone Number)

2. _____

(Name) (Relationship) (Phone Number)

By signing below, I certify that the information I have given is true. I understand that LCHS reserves the right to deny my application for any reason. I further authorize the investigation of all statements in this application and certify that I am at least **18 years of age**. By signing below I am stating that I am financially able to care for this animal. I understand that proper food, water and veterinary care can be costly and I am ready and able to meet these requirements**. I also understand that in some cases a home visit may be mandatory prior to completing the adoption.** I understand that any false statements made either verbally to an adoption counselor or to other associated staff member may constitute grounds for confiscation and surrender of the animal to LCHS. I further understand and agree that LCHS may demand the return of the animal for any violation of the terms of the adoption contract and agreement. **Finally, I understand that completing this questionnaire does not guarantee that LCHS will adopt the animal to me, and that adoptions are approved based on the best available home and are not necessarily processed in the order they were received.**

THE LEWIS & CLARK HUMANE SOCIETY RESERVES THE RIGHT TO REFUSE ANY ADOPTION.

Signatures

Applicant:	Date:
Co-Applicant:	Date:

STAFF USE ONLY:

- APPROVED
- DENIED

Reason_____

_____