



FELINE ADOPTION APPLICATION

Date: _____

Name: _____ DOB: _____

Address: _____

Driver's License (Optional): _____

Phone: _____ Work: _____ Cell: _____

Name of pet you are interested in adopting: _____

INSTRUCTIONS

Please complete all of the appropriate spaces. Failure to do so will result in an automatic rejection of this application. The Ocooch Mountain Humane Society reserves the right to reject any application that is submitted. **Please send completed application to OMHS at P.O. Box 229, Richland Center, WI 53581.**

In order to become a candidate to adopt you must:

- ✓ Be at least 18 years old.
- ✓ Have knowledge and consent of all adults living in your household regarding adopting a pet.
- ✓ Have a valid government-issued ID and proof of address.
- ✓ Understand that OMHS reserves the right to refuse the adoption of any animal.

Either fill in the blank spaces or circle the appropriate answer to each question.

INFORMATION REQUESTED

1. Do you **Own** or **Rent** or **Live with parents**?

2. What type of residence do you live in? **House** **Apartment** **Mobile Home** **Other**

3. If you rent, does your landlord allow you to have pets? **Yes No**

Name of Landlord: _____ Phone: _____

4. Are you planning to move in the next 6 months? **Yes No**

5. How long have you lived at your residence?

6. How many people live in your household? Adults _____ Children _____

What are the ages of the children?

7. Is anyone in the house allergic to animals: **Yes No**

8. Are the people in your household aware you are adopting a pet? **Yes No**

9. Is the cat you are planning to adopt going to be a gift for someone? **Yes No**

10. Why do you want to adopt this pet?

Family Companion Companion for another pet Mouser Other _____

11. Have you adopted a pet from OMHS before? **Yes No**

If yes, what happened to the pet?

12. Have you ever surrendered an animal to a humane society? **Yes No**

If yes, please explain why?

13. Do you currently have a veterinarian? **Yes No**

14. What Veterinary Clinic are you planning to utilize?

Address: _____ Phone: _____

15. I have owned these animals in the past 5 years

Name	Breed	Age	Spayed/ Neutered	Current on vaccinations	What happened to your pet

16. Are all the animals you have now up-to-date on their rabies and distemper vaccinations?

Yes No Unsure

17. Are you prepared to assume the financial responsibilities of providing your cat with adequate food, litter, medical care, etc. (Illnesses and injuries can add up quickly to sometimes hundreds of dollars)

Yes No

18. Will this cat be kept inside? **Yes No**

19. If this cat is going to be outside, have you made proper arrangements (food, shelter, water, etc.)?

Doesn't apply Yes No

20. Do you plan on restraining the cat or restricting its movement outside? **Yes No**

If so, how will you do so: **Leash tie out Fenced Yard Cat enclosure Other**_____

21. How often will you clean the litter box? **Once a day Every other day Once a week**

22. Which best describes the time you are home?

Rarely At home when not at work Someone is usually home

23. When you are not at home, the cat will be:

Confined to a room Kept outside Have run of the house Other_____

24. What is the activity level of your household? **Quiet Active Very Active**

25. What is your past experience with cats?

First Time Owner Have had cats before Knowledgeable & experienced

26. Are you aware of the vaccinations and licenses required by law? **Yes No**

27. Are you aware of any ordinances in your county/township concerning companion animals? **Yes No**

28. Have any present or former pets bitten another person/animal? **Yes No**

If yes, what action was taken? _____

29. What type of food do you intend to feed your cat? _____

How often? _____

30. It may take your new cat a month or longer to adjust to its new home. Are you prepared to allow this much time? **Yes No**

What are any concerns: _____

31. What are habits that you consider as ideal habits of a cat? _____

32. What are habits that you cannot tolerate from a cat? _____

33. Change is inevitable in one's lifetime. What will you do if you move or can no longer care for your cat?

34. How did you hear about our adoption program?

Friend/Family Newspaper Radio TV Social Media Other _____

I have been informed of the necessary requirements regarding veterinary care, vaccinations, neuter/spay, licensing, food, water, and shelter. The Ocooch Mountain Humane Society has my permission to check any of the answers that I have provided, and I am aware that any false information provided will result in the immediate rejection of this application.

SIGNATURE: _____

DATE SIGNED: _____

***** For Use of OMHS Adoption Committee Only *****

Need more information: _____

Denied _____ Approved _____

Application read and reviewed by:

Name _____ Date _____

Name _____ Date _____