



Name of Cat \_\_\_\_\_

### Town Cats, Inc. - Feline Adoption Application

P.O. Box 1405 Berlin, MD 21811 www.TownCats.net

Thank you for considering adopting one of our rescued animals. In order to be considered for adoption you must: Be 21 years of age; understand that an adoption counselor must approve your application; present a current photo ID / State Driver's License.

First Name	M.I.	Last Name	Drivers License # _____ Drivers License State _____ Drivers License Exp _____
Street Address _____			
City, State, Zip Code _____			

Home Phone:	Best Time To Call This Line
_____	From _____ To _____

Work Phone:	Best Time To Call This Line
_____	From _____ To _____

Cell Phone:	Best Time To Call This Line
_____	From _____ To _____

E-Mail Address \_\_\_\_\_ **WE DO NOT SHARE E-MAIL ADDRESSES**

Are you:  Employed  Retired  Student  Stay at or work from home

If Employed: Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Full  Part  Varies Hours worked per week on average: \_\_\_\_\_

Where did you hear about Town Cats, Inc. \_\_\_\_\_  
 Adopted Before  Family  Friend  Neighbor  
 Veterinarian  Advertisement  Newspaper  Phone Book  Our Website  Pet Finder  Pets911  
 Halo Newsletter  Other (please explain) \_\_\_\_\_

Have you adopted from us before?  Yes  No

Is this pet adoption for:  Yourself  Immediate Family  Someone else

Do you want this cat for:  Indoors  Outdoors  Barn

While cats are low maintenance there is some time and expense involved in cat ownership. Cats may live on the average 15 to 17 years, and possibly even 20 years. Are you prepared to care for a cat this long?  Yes  No

There are ongoing expenses for cat care also, (cat food, cat litter and yearly veterinary care). Are you financially prepared to care for a cat ? Yes  No



It may take a couple of weeks for a cat to adjust to a new home, are you prepared to allow for this period?  Yes  No

Often you may have to separate the new cat(s) from your resident cat(s) in order to introduce them in a calm manner.

Can this be done in your residence?  Yes  No  Not Applicable

Do you:  Own  Rent / Lease  Live with Relatives / Parents

If Rent / Lease	Landlord's Name: _____ (Required)
	Landlord's Phone: _____ (Required)

Are the other members of the household aware you are adopting a cat?  Yes  No

Does anyone in your household have allergies?  Yes  No

If yes, do you know what types of allergies? \_\_\_\_\_

Are there any children in your household?  Yes  No

If yes, please: List # of children: \_\_\_\_\_ List ages of children: \_\_\_\_\_

If you move in the future what will happen to your pet? \_\_\_\_\_

Approximately how many hours per day will there be no-one home? \_\_\_\_\_

Have you had pets before?  Yes  No

If yes, who is your family veterinarian / clinic? \_\_\_\_\_

List veterinarian / clinic: Phone # \_\_\_\_\_

You understand we reserve the right to use your vet as a reference?  Yes  No

If yes, please list any current or recent animal companions:

Name/Species	Sex	Age	Spayed/Neutered Yes/No	Yearly Vet Check Yes/No	Date of last vet visit

I, the undersigned, do hereby release Town Cats, Inc., its directors, officers, trustees, volunteers and representatives from liability to myself and/or my part for any damage accident, or injury to person(s) or property incurred in relation to visiting the shelter or animals under the control of the organization.

I hereby affirm that all of the above information is true and correct. I understand that submission of this application does not necessarily mean that I will be approved to adopt, and Town Cats, Inc. reserves the right to reject any applicant. I authorize Town Cats, Inc. to verify any and all information in this application. (Without your signature we cannot approve this application)

**I hereby adopt** \_\_\_\_\_ from Town Cats of Ocean City Maryland. I understand that Town Cats has found this cat to be fit for adoption, but assumes no responsibility for its future behavior. I do not hold Town Cats responsible for errors provided to me about this cat. I accept the fact that it is my responsibility to provide this cat with good shelter, food and proper medical care by a licensed veterinarian, and other care that it may need to maintain good health.

Town Cats maintains the right to check on the care of the adopted animal (home visits) and reclaim it if it deems necessary. If for any reason I cannot continue to provide a loving home for this animal, it is our policy that the animal must be returned to Town Cats. I accept all responsibility for this cat at the date of adoption and understand it is my responsibility to have this animal altered (if the animal has not already been spayed or neutered) within 6 months of today. Cats adopted from Town cats cannot be used for breeding, medical or experimental purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

STAFF USE ONLY

Cat Name & ID:

Adopter:

Cat Location/Foster

Date:

Home residence verified: \_\_\_\_\_

Date Completed / Initials:

Veterinarian references verified: \_\_\_\_\_

Date Completed / Initials: