

Date of Adoption _____
Amount Paid _____



Name of Cat _____ M / F
Age of Cat _____

Town Cats, Inc. - Feline Adoption Application

P.O. Box 1405 Berlin, MD 21811 www.TownCats.net *** Please make checks payable to: Town Cats

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			

Are you a US citizen / Permanent Resident? Yes No

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
_____	_____
<input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> 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 4 months of today.**

Cats adopted from Town cats cannot be used for breeding, medical or experimental purposes.

Signature _____ Date _____

STAFF USE ONLY

Home residence verified: _____ Date Completed / Initials: _____ Veterinarian references verified: _____ Date Completed / Initials: _____

EMAIL THIS APPLICATION TO: chaument0805@yahoo.com