



VERNON TOWNSHIP

SHELTER -CAT ADOPTION APPLICATION

<u>Office Use Only</u>	
<u>Control #</u> _____	
ACO Reviewed _____	
ACO Approved _____	Denied _____
Supervisor _____	
Approved _____	Denied _____
DATE _____	

Date: _____		APPLICANTS INFORMATION <i>(please print clearly and answer all questions)</i>	
Applicants Full Name _____		Age _____	
Co-Applicants Full Name _____		Relationship to Applicant _____	
Street Address, City, State _____			
Home Phone _____	Cell Phone _____	Email _____	
FELINE INFORMATION			
Name of Cat / Kitten you are applying for? _____			
Why do you want to adopt a Cat or Kitten? <input type="checkbox"/> Family Pet <input type="checkbox"/> Companion <input type="checkbox"/> Gift <input type="checkbox"/> Other _____			
If Gift or Other please explain. _____			
What are you looking for in a Cat or Kitten: _____			
Age: <input type="checkbox"/> 2 – 6 Months <input type="checkbox"/> 6 – 12 Months <input type="checkbox"/> 1 – 6 Years <input type="checkbox"/> 7 Years +		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference	
Coat: <input type="checkbox"/> Short Hair <input type="checkbox"/> Medium Hair <input type="checkbox"/> Long Hair <input type="checkbox"/> No Preference		Color Preference: _____	
Personality: <input type="checkbox"/> Playful <input type="checkbox"/> Calm <input type="checkbox"/> Shy <input type="checkbox"/> Affectionate <input type="checkbox"/> Lap Cat <input type="checkbox"/> Likes Cats <input type="checkbox"/> Likes Dogs <input type="checkbox"/> Likes Kids			
Health Preference? <input type="checkbox"/> Healthy Only <input type="checkbox"/> Short Term Problems <input type="checkbox"/> FIV+ <input type="checkbox"/> Leukemia + <input type="checkbox"/> Special Needs <input type="checkbox"/> No Preference			
Where will the Cat or Kitten live? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Inside and Outside <i>(Please explain below)</i>			
Do you plan to Declaw? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please explain)</i>			
Who will be responsible for the care and expenses of the Cat or Kitten? _____			
If and when you travel where will the Cat or Kitten stay? _____			
Did you know changing environments may cause the Cat or Kitten to have accidents or behavioral issues? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to give the Cat or Kitten time to adjust to a new environment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Behavioral issues arise with your new Cat or Kitten, what actions will you take? _____			
If you have to move what will you do with your new Cat or Kitten? _____			
The cost of owning a cat typically runs from \$200 to \$700 per year for basic food, cat litter, routine veterinary care, vaccinations and boarding. If a cat is injured or gets seriously ill, extra veterinary care can cost hundreds to thousands of dollars.			
Have you considered the extra expenses that will come with owning a new Cat or Kitten? <input type="checkbox"/> Yes <input type="checkbox"/> No			

What reasons do you feel are valid for giving up a pet? Fleas Shedding Expenses Noisy Chewing/Clawing
 Destructive Bites New Baby Moving Marriage or Divorce Doesn't Listen Pets Medical Condition
 No Time Would not Consider Other (*please explain*) _____

Have all household members met and agreed on a new Cat / Kitten? Yes No

PET AND VETERINARY HISTORY

Have you ever had to give up ownership of a pet? Yes No

If Yes, please explain.

Do you currently have any pets? Yes No

If Yes, Please complete the information below.

	Pet 1	Pet 2	Pet 3
Pet's Name			
Type of Pet / Breed			
Sex / Age			
Spayed or Neutered			
Up to Date with other Vaccines?			
Indoor or Outdoor			
When did you get this Pet			

Current Veterinarian's Name and Telephone number?

Name of person on file with the Vet?

HOUSEHOLD INFORMATION

Is your residence: House Condo Apartment Mobile Home Duplex Other (*explain*)

Do you: Own Rent Live w/Parents Live w/Friends Other (*explain*)

If you live with Parents, Friends or Rent – Do you have permission to have a Cat or Kitten? Yes No

If you Rent please provide Name & Telephone number of Landlord.

Landlord Name	Telephone
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How long at current residence?

Number of Adults in household?	Number of Children in household?
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Please list all members living in household

Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

ADDITIONAL INFORMATION

Please provide any additional information you would like us to know:

AGREEMENT AND SIGNATURE

REFERENCES

Please Provide two (2) references that are NOT family members.

	Reference #1	Reference #2
Name		
Age		
Phone		
Email Address		

By signing this application I attest that the information provided is true and accurate and understand false information will result in denial of adoption. Also, if an omission or untruth is discovered after an adoption takes place, Vernon Township reserves the right to annul the adoption and reclaim the animal. While Vernon Township makes every effort to ensure that all animals available for adoption are healthy, it is possible that any animal may have an underlying health issue unknown to us or our veterinarian. I hereby authorize the Vernon Township to receive information from Veterinarians and others listed on this application.

Signature:

Date:

INTERNAL USE ONLY

Date Application Received:	
Control #:	
Name of Cat:	
Received By:	
Rabies Administered/Date	
Neutered/Spayed Date	
Microchip #:	
Assessor/Landlord Verified?	
Spoke to Reference #1	
Spoke to Reference #2	
Spoke to Veterinarian (Name/Date)	
Adoption Agreement Signed:	
Approved By/Date:	
Denied By/Date:	
Reason For Denial: (Explain below)	
Date Adopted:	
Medical Records Given:	
Adoption fee amount/Date:	

Notes:

