



**VERNON
TOWNSHIP**

Office Use Only

Control # _____

ACO Reviewed _____

ACO Approved _____ Denied _____

Supervisor

Approved _____ Denied _____

DATE _____

SHELTER -CAT ADOPTION APPLICATION

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? ☐ Family Pet ☐ Companion ☐ Gift ☐ Other _____					
If Gift or Other please explain. _____					
What are you looking for in a Cat or Kitten: _____					
Age: ☐ 2 – 6 Months ☐ 6 – 12 Months ☐ 1 – 6 Years ☐ 7 Years +				Sex: ☐ Male ☐ Female ☐ No Preference	
Coat: ☐ Short Hair ☐ Medium Hair ☐ Long Hair ☐ No Preference				Color Preference: _____	
Personality: ☐ Playful ☐ Calm ☐ Shy ☐ Affectionate ☐ Lap Cat ☐ Likes Cats ☐ Likes Dogs ☐ Likes Kids					
Health Preference? ☐ Healthy Only ☐ Short Term Problems ☐ FIV+ ☐ Leukemia + ☐ Special Needs ☐ No Preference					
Where will the Cat or Kitten live? ☐ Indoors ☐ Outdoors ☐ Inside and Outside <i>(Please explain below)</i>					
Do you plan to Declaw? ☐ Yes ☐ 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? ☐ Yes ☐ No					
Are you willing to give the Cat or Kitten time to adjust to a new environment? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (<i>please explain</i>)_____			
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 (<i>explain</i>)			
Do you: ☐ Own ☐ Rent ☐ Live w/Parents ☐ Live w/Friends ☐ Other (<i>explain</i>)			
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	
How long at current residence?			
Number of Adults in household?		Number of Children in household?	
Please list all members living in household			
Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age
ADDITIONAL INFORMATION			
Who would take ownership of animal in the event something were to happen to the current owner?			
Name:			
Address:			
Phone Number:			
Age:			

REFERENCES		
<i>Please Provide two (2) references that are <u>NOT family members</u>.</i>		
	Reference #1	Reference #2
Name		
Age		
Phone		
Email Address		
AGREEMENT AND SIGNATURE		
<i>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.</i>		
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:

