



CAT/KITTEN ADOPTION APPLICATION

Date _____
Animal _____ # _____
Breed _____ Sex _____ Age _____

Rimrock Humane Society
P.O. Box 834
Roundup, MT 59072
(406)-323-3687
(406)-323-1863 (FAX)
wschurch@midrivers.com

WELCOME TO THE RIMROCK HUMANE SOCIETY

We are happy that you have come to us to adopt a cat/kitten. We hope that we can be of service to you. To help ensure that the animal you want will be best suited to you, your home and lifestyle, and that the animal will be placed in an environment compatible with its needs, we ask your cooperation in filling out the application. We hope you will agree that the animal's welfare **MUST** be our foremost consideration. Upon completion of this application, a staff member will discuss the adoption with you and answer any questions you might have. Thank you.

Name _____ Driver's License _____

Name(s) of other adults in household _____

Street Address _____

City _____ County _____ State _____ Zip _____

Mailing Address (if different from above) _____

Home Phone _____ Work Phone _____

Place of Employment _____

Who will be responsible for this animal? _____

Do you live in a: (circle one) House Apartment Duplex Mobile Home Other _____

Do you: Own Rent Live with parents, relative, or guardian ?

If renting, does your landlord/rental agency allow pets?

Landlord's Name _____ Landlord's Phone # _____

How long have you lived at your present address? _____

Do you anticipate moving within the next six months? _____

If you move sometime in the future, what will you do with your animals?

Do you have children at home? _____ Ages? _____

Are they used to animals? _____ Is anyone allergic to animals? _____

Do all adult members of the household know that you plan to adopt a cat? _____

Why do you want this animal? (Please circle one or more of the following)

Companion Barn Cat Companion for the Kids Mouser Office Cat

Companion for Other Cat/Kitten For Breeding Gift

Other _____

Do you have other animals at home? Yes No How many? _____

If yes, please provide the following information on your animals:

Kind	Animals Name	Sex	Age	Time Owned	Spayed/Neutered

Are all your pets current on their vaccinations? (vaccinated within the last year) Yes
No

What is the name your veterinarian/clinic? _____

How many hours per day will this animal be alone? (without human companionship) _____

Do you plan to allow this cat to go outdoors? YES NO UNDECIDED (circle one)

Will this cat be allowed indoors? _____ Where will this cat sleep? _____

What kind of outside shelter will be provided? _____

Are you aware of your local animal control regulations? _____

Will you license this cat? _____

How many pets, other than the ones previously listed, have you owned in the last five years? _____

What happened to them? _____

Have you adopted from the Rimrock Humane Society before? _____ When? _____

Do you still have the animal? _____

If not, what happened to it? _____

Would you allow our representative to see this animal in its new home? _____

Are you aware of the financial commitment and responsibilities of owning a companion animal? (Approximately \$400 a year for food, vaccinations, licensing, etc., not including emergency medical care.) Yes No

Are you willing to spend this much or more? _____

REFERENCES

One must be a veterinarian. Other references may include neighbors or co-workers.

FOR EACH REFERENCE PLEASE LIST THE FOLLOWING:
NAME/RELATIONSHIP/PHONE NO. (with area code)

1) _____

2) _____

3) _____

By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal from the Rimrock Humane Society.

Signature _____ Date _____

The Rimrock Humane Society reserves the right to refuse any applicant!