

## CAT/KITTEN ADOPTION APPLICATION

Date			
Animal	#	ŧ	
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			
CityCounty	State	Zip	
Mailing Address (if different from above)			
E-Mail Address			
Home PhoneWoi	k Phone		
Place of Employment			
Who will be responsible for this animal?			
Do you live in a: (circle one) House Apartment Du	plex Mobile Hor	ne Other	
Do you: Own  Rent Live with parents, relative	, or guardian $\Box$ ?		
If renting, does your landlord/rental agency allow	pets?		
Landlord's Name	_Landlord's Phor	e #	
How long have you lived at your present address?			
Do you anticipate moving within the next six mont	:hs?		
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 an	yone allergic to a	nimals?	
Do all adult members of the household know that	you plan to adop	t a cat?	
Why do you want this animal? (Please circle one of	or more of the fol	lowing)	
Companion Barn Cat Companion for the Ki	ds Mouser O	ffice Cat	
Companion for Other Cat/Kitten For Breed	ding Gift		
Other			

Do you have other animals at home? Yes	No  How many?
If yes inlease provide the following information	on your animals.

Kind	Animal's Name	Sex	Age	Time Owned	Spayed/ Neutered

Are all your pets current on their vaccinations? Yes  $\Box$  No  $\Box$ 

What is the name y	our veterinarian/clinic?_
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How many hours per day will this animal be alone?	(without human companionship)
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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

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. This cat will reside in my home as a pet. I will provide it with adequate food, water, shelter, training, affection and medical care. I am in full agreement with these terms of adoption. The Rimrock Humane Society is in no way liable or responsible for any damage, accident or injury resulting from the placement of a cat in my household.

Signature\_\_\_\_\_Date\_\_\_\_\_Date\_\_\_\_\_