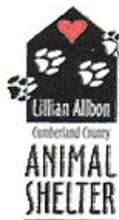


Date: _____ Cats Name: _____



LA Animal Shelter Pre-Adoption form for Cats

Please complete this questionnaire as a means of assisting our staff to find a good home for each animal and a suitable pet for you. In order to be considered for an adoption, you must: Have the knowledge and consent of all members of the household, be 18 years of age, have a valid identification with current address, have your landlord's name and phone number and understand that the LA Animal Shelter must approve your adoption.

Adoption Procedure

We usually take a number of applications, which will come in the first few days, especially for the more popular small dogs. We then look at all applications and choose the one that is best for the cat. This means we take a bit longer than most shelters, but we feel it helps us to find the right home for each animal.

Name: _____ Email: _____

Address: _____ Home Phone: _____

City: _____ Work Phone: _____

Postal Code: _____

Spouse/Partner's full name: _____

1. How long have you lived at this address? _____. If less than 3 years please give previous address.

2. Do you live in a/an: House ____ Townhouse ____ Apartment ____
 Unit/Floor ____ Rented ____ Owned ____

3. Are pets allowed in your residence? Yes ____ No ____

4. Landlords name: _____ Phone: _____

5. Are you: Attending School: ____ Working: ____ Retired: ____

6. If you have children living in the household full or part-time, please list their ages: _____

7. How many adults are in the home? _____

8. Which member of your household will be responsible for the care of the cat? _____

9. Please circle all the following reasons why you are adopting a cat:

Companion Gift Breeding For a child Company for a pet

10. What pet's do you own or have you owned in the past 10 years? Please give us the following information about them:

Breed	Indoor/outdoor pet	Age	Sex	Spay/Neutered?	Still owned?

PLEASE USE BLACK INK ONLY AND PRINT CLEARLY

11. Which Veterinarian looked after your pet(s)? _____ Phone #: _____
(If you use the Amherst Vet or Westmorland Clinic please fill out a release form for your records).

12. Do you vaccinate your pet(s) annually? Yes No

13. If you no longer own your pets, what became of them?

14. If you move, what will you do with your cat? _____

15. What will you do with your cat if you go on vacation? _____

16. Do you plan to spay or neuter your cat? Yes _____ No _____

17. If adopting a female, do you plan to let it have a litter before spaying? Yes ____ No ____

18. This cat will be home alone for how many hours per day? _____

19. Where will the cat be kept when no one is at home? _____

20. Where will the cat be kept when someone is home during the day? _____

21. Where will the cat be kept at night? _____

22. How long have you planned on adopting a cat? _____

23. Will this be an indoor or outdoor cat? _____

24. Please list the names and phone numbers of 3 references (not family members).

1. _____

2. _____

3. _____

I certify that the above is true and that I am over 18 years of age. I understand that any false information that I have given may result in nullifying the adoption and that the LA Animal Shelter reserves the right to reclaim any animal they believe is not receiving proper care and attention.

Signature: _____

Date: _____

OFFICE USE ONLY

Received by: _____

Date: _____

Verified by: _____

Date: _____



LILLIAN ALLBON CUMBERLAND COUNTY ANIMAL SHELTER

I give my permission to the Amherst Veterinary Hospital, Northumberland Veterinary Hospital or Westmorland Animal Hospital to allow the LA Animal Shelter to have access to my veterinary records.

Date: _____

Signed by: _____

Name (please print): _____

Address: _____

Phone: _____

Name vet records are under: _____

Animal's name and species (cat/dog): _____

APPLICATION FOR A CAT OR KITTEN