



Lancaster County Animal Shelter Cat/Kitten Adoption Application

Please be sure to complete this application in its entirety

Animal Shelter

Thank you for your interest in adopting from the Lancaster County Animal Shelter! By adopting a pet from the shelter, you are helping not just the one you adopt, but you are also freeing up space to allow another pet to have a safe place to rest until they can be adopted, too.

Our CAT adoption process is as follows:

1. Complete and sign this Adoption Application
2. You do NOT have to be a Lancaster County resident to adopt from our facility.
3. Cat/Kitten adoption fee of \$80 covers spay/neuter and de-wormer. If kittens are NOT 6 (six) months old, they will have to be brought back at that time to be sterilized.
4. If you are interested in adopting a kitten or cat, we urge you to come by and meet them in person or take a look at our adoptable cats on the Available Pets page.
5. NOTE: All of our pets come from Animal Control as strays or owner-surrendered/unwanted pets. We recommend getting your newly adopted pet to see a veterinarian soon after adoption for a basic exam.

TODAY'S DATE _____ NAME OF ANIMAL YOU WISH TO ADOPT (if known) _____

ADOPTER'S NAME _____ ADOPTER'S AGE _____

ADOPTER'S PHYSICAL ADDRESS _____

ADOPTER'S EMAIL ADDRESS _____

PHONE NUMBER _____ ALT PHONE NUMBER _____

EMPLOYMENT STATUS: FULL TIME PART TIME UNEMPLOYED OTHER (SPECIFY) _____

PLACE OF EMPLOYMENT _____

DO YOU RENT OR OWN YOUR HOME? RENT OWN LIVE WITH FAMILY OTHER (SPECIFY) _____

RENTERS, HAVE YOU CONTACTED YOUR LANDLORD TO FIND OUT OF THERE ARE RESTRICTIONS ON THE KIND, SIZE OR NUMBER OF PETS YOU MAY HAVE? YES NO NOT YET

RENTERS, PLEASE PROVIDE THE NAME OF YOUR COMMUNITY, LANDLORD'S NAME AND LANDLORD'S TELEPHONE NUMBER _____

NAMES AND AGES OF ALL RESIDENTS OF YOUR HOME (adults, children, roommates) _____

IS ANYONE IN YOUR HOUSEHOLD ALLERGIC TO ANIMALS? YES NO *If yes, please specify* _____

WHY DO YOU WANT THIS PET? (check all that apply) COMPANION FOR ANOTHER PET COMPANION FOR ME/US

FAMILY PET BARN CAT MICE/SNAKE REMOVAL GIFT FOR SOMEONE OTHER (SPECIFY) _____

HAS EVERYONE IN THE HOUSEHOLD AGREED TO TAKE ON THE RESPONSIBILITY OF A PET? YES NO NOT SURE

WHO WILL BE THIS PET'S PRIMARY CARETAKER? _____

WHERE WILL THIS PET LIVE? MOSTLY INSIDE MOSTLY OUTSIDE SOME OF BOTH (Explain) _____

HOW LONG DO YOU INTEND TO KEEP THIS ANIMAL? _____

HOW MANY HOURS PER DAY WILL THE PET TYPICALLY SPEND INDOORS? _____

WHERE WILL THE PET SLEEP AT NIGHT? _____

IF YOU GO OUT OF TOWN, WHO WILL CARE FOR THE PET? _____

HOW DO YOU DISCIPLINE YOUR PETS? _____

PLEASE CHECK ALL THAT APPLY. MY PET WILL ... BE KEPT OUTSIDE MOST OF THE TIME BE KEPT INSIDE MOST OF THE TIME

BE KEPT OUTSIDE WHILE WE ARE AT WORK DURING THE DAY BE KEPT INSIDE WHILE WE ARE AWAY BE CRATED INSIDE

HAVE FREE REIGN OF THE HOUSE WHEN WE ARE NOT HOME INTERACT MOSTLY WITH ADULTS

INTERACT MOSTLY WITH CHILDREN UNDER 8 INTERACT MOSTLY WITH OLDER KIDS BE TURNED BACK TO THE SHELTER IF

WE CAN'T KEEP IT STAY WITH FAMILY WHEN WE ARE ON VACATION BE BOARDED WHEN WE ARE ON VACATION

DO YOU CURRENTLY HAVE PETS? YES NO

LIST YOUR CURRENT AND PAST PETS:

PET 1. NAME _____ SPAY/NEUTERED? YES NO LIVING? YES NO

UP-TO-DATE ON RABIES, DISTEMPER PARVO VACCINES YES NO ON HEARTWORM PREVENTION YES NO N/A

PET 2. NAME _____ SPAY/NEUTERED? YES NO LIVING? YES NO

UP-TO-DATE ON RABIES, DISTEMPER PARVO VACCINES YES NO ON HEARTWORM PREVENTION YES NO N/A

PET 3. NAME _____ SPAY/NEUTERED? YES NO LIVING? YES NO

UP-TO-DATE ON RABIES, DISTEMPER PARVO VACCINES YES NO ON HEARTWORM PREVENTION YES NO N/A

HAVE YOU EVER SURRENDERED A PET TO A SHELTER OR RESCUE? YES NO NOT SURE

YOUR VET'S INFORMATION:

NAME _____ PHONE _____

ADDRESS _____

WHAT KIND OF FLEA PREVENTION DO YOU USE? _____

DO YOU UNDERSTAND THE COSTS, CHALLENGES, AND LIFETIME COMMITMENT AND CARE REQUIRED FOR UP TO 20 YEARS?

YES NO NOT SURE

HOW MUCH ARE YOU WILLING TO SPEND ON MEDICAL EXPENSES FOR THIS PET? UP TO \$100 \$500 \$1000

WHATEVER IT TAKES

UNDER WHAT CIRCUMSTANCES WILL YOU RETURN THIS CAT TO US (choose all that apply): NEW BABY NEW JOB MOVING

AGRESSIVE BEHAVIOR BEHAVIORAL PROBLEMS CHILDREN LOST INTEREST DOESN'T GET ALONG WITH OTHER ANIMALS

MARRIAGE/DIVORCE HOUSEBREAKING ISSUES NONE OF THE ABOVE

PLEASE ADD ANY INFORMATION YOU WOULD LIKE US TO CONSIDER _____

I hereby confirm that the information supplied here is truthful. I understand that Lancaster County Animal Shelter may refuse an adoption for any reason or may confiscate an animal at any time if the information supplied here is deemed incorrect or if the animal is not being cared for properly. I further understand that if I cannot keep this animal for any reason, I will contact Lancaster County Animal Shelter and make arrangements to return the animal so that it may be placed in another suitable home. By submitting and signing this application, you give Lancaster County Animal Shelter the right to do obtain a reference from your veterinarian.

SIGNATURE: _____

Lancaster County Animal Shelter does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry) disability, marital status, sexual orientation, or military status. We do reserve the right to reject any application based on information obtained during this screening process. Please understand that our primary goal is the health, happiness, and safety of the animals.