



## Lancaster County Animal Shelter Cat/Kitten Adoption Application

**Please be sure to complete this application in its entirety**

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.