

FREDERICK COUNTY ANIMAL CONTROL **FELINE** ADOPTION APPLICATION

*Please ensure your application is fully complete, which includes proof of property ownership or landlord/homeowner permission, as well as documentation that current dogs/cats on the property are up to date with rabies vaccines and county pet licenses. Incomplete applications take longer for staff to process and may cause another applicant to be selected for the pet you applied to adopt. If you need assistance or have any questions, please ask. Our staff will be happy to assist you in finding the right pet which matches your lifestyle and expectations. Thank you for choosing Frederick County Animal Control. We appreciate your support.*

*At or before the time of adoption, a detailed informational consultation will take place with a staff member. We want to be certain you are fully aware of the adoption process, animal's needs, medical history, and background of the animal. The adoption consultation is the best opportunity for you to have a one-on-one conversation and learn about your new pet. Some of our animals may have health conditions which will require you to take your adopted pet for a veterinary evaluation and follow-up.*

### **Adopter Information (Please Print)**

Name: \_\_\_\_\_ Are you 18 years or older? ( ) Yes ( ) No

Street Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (C) \_\_\_\_\_ (other) \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ ( ) years ( ) months

Do you: ( ) Rent ( ) Own ( ) Live with Parents      Home Type: ( ) House ( ) Townhouse ( ) Apartment ( ) Condo

If you have resided at another residence within the past two (2) years, please indicate address(es) below:

**If you rent:**

Name of apartment complex/condo:

Landlord's name and phone number:

**Please list all members of your household including yourself:**

[illegible]

Please identify **current** pets in your household:

Staff Use Only	Name of Pet	Breed/Species	Age	Gender M/F	Color	Spayed or Neutered	Are pets current on their rabies vaccination? <b>*This will be verified*</b>	Is pet maintained inside, outside, or both?

Do you currently have a Veterinarian? ( ) Yes ( ) No

Veterinary Practice Name and Phone Number: \_\_\_\_\_

Please list all **previous** pets you have owned:

Name	Breed/Species	Age at Adoption	How long did he/she live with you?	What happened (died of old age, lost, given away, surrendered, etc.)

Have you ever adopted from the Frederick County Animal Shelter before: ( ) Yes ( ) No If yes, list date? \_\_\_\_\_

Do you anticipate a transfer or move out of state? ( ) Yes ( ) No If yes, what will happen to the animal?

Do you understand that Frederick County Code requires all dogs and cats to be licensed? ( ) Yes ( ) No

Do you agree to contact a veterinarian to schedule an appointment for your new pet within thirty (30) days of the date of adoption? ( ) Yes ( ) No

Do you understand that the name(s) on the application will be considered the primary caregiver? ( ) Yes ( ) No

Are you willing to allow a new pet at least 60 days to adjust to your home environment? ( ) Yes ( ) No

Does any person living in the household have allergies to animals? ( ) Yes ( ) No ( ) Unknown If yes, what type?

If you are going away, who will care for the pet? \_\_\_\_\_

How much will you budget for food, vet care, and license per year? \$ \_\_\_\_\_

Cat Questionnaire: Please explain your answers thoroughly.

1. What are the specifics you are looking for in a cat (check all that apply)?

a. Age ☐ 0-6m ☐ 6m-1y ☐ 1-4y ☐ 5-9y ☐ 10y+ ☐ No preference

b. Gender ☐ Male ☐ Female ☐ No preference

c. Color \_\_\_\_\_ ☐ No preference

d. Hair Length ☐ Short ☐ Long ☐ No preference

e. Is there a particular cat you are interested in? \_\_\_\_\_

2. Are you interested in a cat with minor medical needs? ☐ Yes ☐ No

Please explain.

3. Are you interested in a shy cat? ☐ Yes ☐ No

Please explain.

4. Please explain your cat ownership experience, including childhood pets.

5. Will the cat you adopt be:

☐ Inside only ☐ Outside only ☐ Both

6. If you plan to allow your cat outside, what safety measures will you take?

7. How do you plan to handle any litter box issues?

8. How do you plan to keep your cat from scratching inappropriately?

9. Have your children owned cats before? Is there concern for allergies?

10. Under what circumstances would you NOT be able to keep the cat?

11. Are your present cats declawed? If yes, why?

12. Do you plan to declaw the cat? If yes, why?

13. Are all members of the household able to read cat body language?

14. List the TOP 5 qualities you are looking for in a cat. (ex: lap cat, playful, quiet, etc.)
  
  
  
  
  
  
  
  
  
  
15. List the TOP 5 qualities you are NOT looking for in a cat.
  
  
  
  
  
  
  
  
  
  
16. Briefly describe your home environment (busy, noisy, calm, etc.)
  
  
  
  
  
  
  
  
  
  
17. Do you understand that many cats do not like to be picked up and held?
  
  
  
  
  
  
  
  
  
  
18. (If applicable) Are you willing to supervise your child's interactions with the cat to ensure the safety of the child and cat?

Please add any additional information that would be helpful in our decision-making process below: