



Oregon Coast Humane Society

Application for Cat Adoption/Foster

STAFF INITIALS _____

Approved _____

Animal Information				
<input type="checkbox"/> FOSTER <input type="checkbox"/> ADOPT		Cat Name:	Date:	
Where did you hear about this animal?				
Applicant Information				
Name:				
Email Address:				
Are you 21 or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone:	Driver's License #:	
Mailing/Physical address:				
City:		State:	ZIP Code:	
Occupation:				
Household Information				
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		Does your lease allow pets? <input type="checkbox"/> YES <input type="checkbox"/> NO	Landlord name:	Phone:
Home type: <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> DUPLEX <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> OTHER:				
How many people live in your household?			Ages of children under 18:	
Are there children under the age of 18 who visit regularly? <input type="checkbox"/> YES <input type="checkbox"/> NO			Ages of visiting children:	
Is everyone in your household in favor of adopting/fostering this pet? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Is anyone in your household allergic to cats? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Current Pets				
<input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> OTHER:		Breed:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female FIXED? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> OTHER:		Breed:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female FIXED? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> OTHER:		Breed:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female FIXED? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are ALL pets currently in your home up to date on vaccinations and licensed in the county you reside in? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If you currently own cats have they been tested for Feline Aids <input type="checkbox"/> YES <input type="checkbox"/> NO and Feline Leukemia <input type="checkbox"/> YES <input type="checkbox"/> NO?				
History				
Have you ever adopted an animal from Oregon Coast Humane Society? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Have you surrendered an animal before (to a shelter/rescue/family/friends)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, why:				
What is the name of your regular veterinarian?				Phone:
City:		State:	ZIP Code:	
Do we have your permission to contact your regular veterinarian as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO				

2840 Rhododendron Drive, Florence, OR 97439

Phone: 541-997-4277

501c3 Tax ID:93-1079548

Lifestyle Information

Why are you adopting a cat? Check all that apply: COMPANION FOR SELF COMPANION FOR PET COMPANION FOR CHILD
 HUNTING/MOUSER OTHER:

On a normal day, how many hours will your cat be alone?

Where will they be during this time?

Where will your pet sleep?

Will your cat primarily be an indoor or outdoor pet? INDOOR OUTDOOR BOTH

Approximately how many hours will your pet be outside?

What is the activity level in your home? LOW MEDIUM HIGH

Under what circumstances would you consider declawing a cat?

What behaviors in a cat do you find difficult to manage (i.e. scratching, meowing, litter box issues) and what will you do?

Under what circumstances would you return a pet to the shelter?

How much do you think it will cost each month to provide the necessary medical care, dietary needs, and overall welfare for this cat?

Review

If the shelter deems it necessary, do you agree to participate in a home visit prior to adoption/foster? YES NO

Have you reviewed the Oregon Coast Humane Society adoption or foster policies? YES NO

Do you verify that you have reviewed the information provided on this form and that it is correct? YES NO

Do you want/need additional information on how to introduce your cat to other pets? YES NO

Oregon Coast Humane Society wishes to place each of our pets into permanent, caring, and responsible homes. Your completion of this form does not guarantee that your application will be approved. Pets are always placed in homes that are compatible with their needs and personalities.

Do you understand and agree that Oregon Coast Humane Society has the right to deny any application, for any reason, regardless of your relationship with the shelter? YES NO

Signature

Date: