

FOR STAFF USE ONLY	Card #: _____
Description of pet applying for: _____	
Breed Waiting List?: _____	Yes _____ No _____
_____ Approved _____ Denied	_____ Staff Initials



Barn Cat Application

Date: ____/____/____

- Please Note:**
1. A completely filled out and approved application is needed to adopt a pet.
 2. Pets are adopted on a **FIRST COME FIRST SERVE** basis.
 3. **Adopters must come to the shelter within 24 hours of adoption finalization** (when pet can leave building) to get the pet or someone else may adopt it.
 4. Adoption price includes spay or neuter, FVRCP, Rabies Vaccine, and 24-hour pet watch microchip.

Applicant's name: _____

Local Street Address: _____

City: _____ State: _____ Zip: _____

Driver's license #: _____ Home#: (____) _____ - _____ Other#: (____) _____ - _____

Email Address: _____ (for shelter use only—your info will remain confidential)

Alternate Contact Information: Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number(s): _____

Description of Residence

_____ House Do you own? _____ Yes _____ No

_____ Mobile Home How long have you lived there? _____

_____ Duplex # Adults in Household: _____ Children's Ages: _____

Do you live here full time? _____ Yes _____ No

What is the size and description of your property? _____

Describe the structure in which cats will be housed: _____

How far from the road/traffic is your barn located? _____

Volume of traffic? _____ Light _____ medium _____ heavy **Speed Limit:** _____

If you were to sell your property/house, what would your plan be for the cats? _____

Continues on Back!

Please list all cats/dogs currently living at your address, & any you have owned in the last 3 years:

<u>Species</u>	<u>Name/age</u>	<u>Sex</u>	<u>Neutered</u>	<u>Rabies Vaccinated</u>	<u>Still have? If not, what happened to it?</u>
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____

Name, City and Phone number of veterinarian with medical history of animals living at your house:

Animal Care Information

Why do you want a barn cat? _____

Barn cats must be securely confined for 3-4 weeks. Are you prepared to allow for this much time?

_____ Yes _____ No

Who will be responsible for the barn cats care? _____

Who will care for your barn cats if you are away? _____

Do you agree to trap and take to a vet a barn cat who becomes ill or injured?

_____ Yes _____ No

Do you agree to trap and vaccinate your barn cats every year to three years?

_____ Yes _____ No

Read and sign below:

I certify the above information is true, and false information may result in nullifying this adoption. I understand no animals can be held for me unless this application is approved, and adopted animals can be held no longer than 24 hours.

Signature: _____ Date: _____ / _____ / _____

Staff initials/comments: _____

The Aggieland Humane Society reserves the right to refuse adoption to anyone.