

# HUMANE SOCIETY OF KENT COUNTY

## CAT ADOPTION APPLICATION

Society Use Only

Adoption  
Counselor

A  
D

Home/Rent

Vet

Adults

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ County \_\_\_\_\_

Name of ALL adults in household \_\_\_\_\_

Email Address \_\_\_\_\_ Permission for Adoption Follow-up? *Yes No*

Emergency Contact (Microchip): Name \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Yes, I consent to the release of my name and telephone number to anyone that finds my pet.

\_\_\_\_\_ No, I prefer that communication only be through 24PetWatch.

Are you over 18 years of age? *Yes No* Are you over 60 years? *Yes No*

Are you a full-time college student? *Yes No* Do you run a day care facility? *Yes No*

**Household Information:** Is anyone in your household allergic to cats? *Yes No*

Number of adults in household? \_\_\_\_\_ Number of children in household? \_\_\_\_\_ Children's Ages \_\_\_\_\_

Circle any of the following who you live with or live with you. **Parents In-laws Friends Roommate(s) Spouse**

In which type of home do you live? *House Mobile Home Apartment Duplex Condo Other*

Do you **Own** or **Rent** your home? Landlord's Name/Phone #: \_\_\_\_\_

Who will primarily be responsible for the care of the pet? \_\_\_\_\_

Why are you interested in adopting a pet? Gift for \_\_\_\_\_ Companion Mouser Barn Cat

**Pet History:** List pets currently owned and owned in the past **5 years**, including small caged pets.

Animal Type (dog, cat, other)	Name	Breed	Age	Sex M/F	Spayed or Neutered? (Y or N)	Kept Indoors? Or Outdoors?	How long owned?	Own now? Or Why Gone?

If you have current pets, have they ever lived with another pet before? *Yes No N/A*

If yes, what types of other animals? \_\_\_\_\_

If you have current pets, how is their behavior toward other animals? \_\_\_\_\_

Name of Current Veterinarian or Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_

Under whose name and what address are records kept? \_\_\_\_\_

Prior or Other Veterinarian or Clinic \_\_\_\_\_ Phone No. \_\_\_\_\_

Please provide a reference (other than a relative) who knows you as a pet owner. If you have never had a pet, provide the name of a friend or co-worker.

Name of Reference \_\_\_\_\_ Day Phone Number \_\_\_\_\_

**You and Your Household**

Cat Experience: First-time Owner    Have had 1 or 2    Knowledgeable & Experienced

Household Activity Level: Quiet    Active    Very Active

Home Atmosphere: Grand Central Station    Some Activity    Zen-garden Serene

What do you estimate will be the annual cost of this pet? \_\_\_\_\_

**Hopes and Expectations**

Coat: Short    Medium    Long    No Preference

Age: 8-16 weeks    4-12 months    1-3 years    Older    No Preference

Activity Level: Low    Medium    High    No Preference

Gender: Male    Female    No Preference

**Cat Care**

How often will you feed your cat?    Once a day.            Twice a day            Free feed

What type of food do you plan on feeding your cat? Dry Food    Canned Food    Other\_\_\_\_\_

Do you plan to de-claw the cat? Fronts Paws Only    All Four Paws    Neither

If de-clawing, why? Furniture    Children in household    Not an outside cat    Other\_\_\_\_\_

If not de-clawing, why? Trim Nails    Soft Paws    Scratch Post    Don't Support    Other\_\_\_\_\_

Are you aware of that some household plants are harmful to your cat(s)? **Yes**    **No**

Have you recently had a cat that did not use a litter box? **Yes**    **No**

How many litter boxes do you intend to have for your cat(s)? \_\_\_\_\_

Who will be responsible for your cat's care when you are away?\_\_\_\_\_

Do you intend to let the cat outside? **Yes**    **No**    If yes, when?\_\_\_\_\_

Where will your cat be kept? (Inside/Outside) Daytime\_\_\_\_\_ Nighttime\_\_\_\_\_

How often do you plan to take your cat to the veterinarian?\_\_\_\_\_

What vaccinations and treatments do you plan to give your cat?\_\_\_\_\_

**Certifications, Authorizations, Releases, and Understandings**

1. I certify that all statements on this Adoption Application are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being allowed to adopt from The Humane Society of Kent County.
2. I authorize the Humane Society to contact my reference(s), my veterinarian(s) and anyone else The Humane Society deems necessary to confirm how I have cared for my companion animals and/or how I am likely to care for any companion animal(s) I adopt from The Humane Society.
3. I authorize my veterinarian(s) to release to The Humane Society all veterinary records of the animals I own or have owned.
4. I understand that, with proper care, cats can live 15 years or more and I am prepared to commit myself to the long-term care and protection of any animal I adopt from the Humane Society.
5. I understand that animal(s) I adopt from The Humane Society may require veterinary medical or health treatment beyond that provided by The Humane Society prior to my taking the animal(s) home. Such additional veterinary medical treatment could be costly. I acknowledge that The Humane Society is not responsible for providing any additional veterinary treatment or the incurring cost of any additional veterinary treatment provided by veterinarians I select to provide such treatment.
6. I will not sell or give away animal(s) I adopt from The Humane Society of Kent County. As long as I live in the service area of The Humane Society of Kent County, I agree to return the animal (s) to The Humane Society of Kent County in the event I cannot keep or choose not to keep the animal(s). If I move from the area, I agree to take the animal(s) to the local humane society or comparable local animal welfare organization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

## COMMON HEALTH PROBLEMS TO WATCH FOR IN CATS

### FELINE LEUKEMIA

Feline Leukemia infection (FeLV) is regarded as a leading cause of cat deaths. Leukemia, a blood cell cancer, is just one of the many outcomes of infection with FeLV. Even more common is lymphosarcoma, a tumor that can occur in any organ or tissue and is nearly always fatal. Also commonplace are associated diseases that result when FeLV impairs that cat's immune system: pneumonia, colds, stomach problems, skin and mouth sores and anemia. The virus is present in the cat's body fluids: saliva, urine and feces. It can pass from cat to cat through licking, biting and sneezing. (FeLV is a powerful reason for keeping your cat inside, isolated from stray cats) Less often, it is transmitted in mother's milk or through the womb of unborn kittens. Because it is blood-borne, even fleas that have sucked infected blood might transport the virus to other cats.

Very young, very old and stressed or sick cats are considered more susceptible to FeLV. Kittens may be inoculated against leukemia without first having a blood test; adult cats need a blood test that checks negative before shots can be given safely.

To assure as much as possible that we do not place a FeLV-positive cat, we have each cat we place checked for Feline Leukemia, a test that is about 90% accurate.

### UPPER RESPIRATORY VIRUSES

The usual symptoms are repeated sneezing and coughing, nasal and sinus congestion, fever, inflamed, watery eyes, loss of appetite, a humped-over lethargic appearance, and sometimes ulcers of the mouth. All these viruses are highly contagious among cats.

### DISTEMPER

Cat Distemper, also known as Panleukopenia or Feline Enteritis, is a highly-contagious disease, the usual symptoms being appetite loss, fever, diarrhea, inflamed and water eyes, drooling, vomiting, dehydration and lethargy. The virus is air-borne and can spread by contact with infected animals and can be carried on the clothing and shoes of those in contact with infected cats. A preventive inoculation is the best protection, the first of which is given when the kitten is eight weeks old. As with puppies, kittens need a series of distemper shots, followed by yearly boosters to keep up a safe level of immunity.

### EAR MITES

Ear parasites should be suspected when a cat shakes its head frequently, holds his head unbalanced, paws its head and has dirty-looking ears. Left untreated, mites will cause ear infections leading to deafness and possible loss of a sense of balance.

## **THERE ARE RISKS INVOLVED IN ADOPTING A CAT FROM A SHELTER**

THE CAT YOU MAY WANT TO ADOPT HAS BEEN EXPOSED TO VIRUSES, PERHAPS BEFORE HE WAS BROUGHT HERE, BUT MOST CERTAINLY AFTER HE ARRIVED.

The Humane Society is NOT a pet shop. We receive owned and stray animals and rescue sick, injured and abandoned ones. For a few of the owned animals, we will have veterinary records. But for most of those we receive, we will have no medical histories.

In an effort to keep the cat(s) healthy while here, we maintain a clean kennel, keep fresh air circulating throughout the animal housing area, and give each cat a protective shot. This shot, called an FVRCP, attempts to protect him from Feline Viral Rhinotracheitis, Clamydia, Calicivirus, and Panleukopenia. However, even an inoculated cat may become ill with any of these conditions since the shot does not provide immediate protection and since the cat may have been incubating the condition before being admitted to the shelter.

FURTHERMORE, CATS ARE PRONE TO A WIDE SPECTRUM OF UPPER RESPIRATORY INFECTIONS FOR WHICH THERE ARE NO INOCULATIONS. THESE INFECTIONS ARE NOT PARTICULARLY THREATENING TO A HEALTHY YOUNG ADULT CAT BUT CAN LEAD TO PNEUMONIA IN A KITTEN OR OLD CAT. ALTHOUGH YOUR VET CAN HELP RELIEVE THE BACTERIAL ASPECTS OF THESE INFECTIONS, HE CANNOT HELP THE CAT OVERCOME THE VIRAL ASPECTS. ONLY WHEN THE CAT'S IMMUNE SYSTEM KICKS IN WILL THE CAT FULLY RECOVER, AND RECOVERY CAN TAKE TIME. **REMEMBER, THERE IS SIMPLY NO GUARANTEE THAT THE CAT YOU ADOPT MAY NOT BECOME SERIOUSLY ILL AFTER YOU HAVE TAKEN IT HOME.**

In their incubation stage, viruses are not detectable. Therefore, an adopted animal may look healthy on the day of adoption and begin to show symptoms of his illness a few days later – at your home.

Apart from the measures we take in trying to keep shelter animals reasonably healthy, there are no other affordable precautions we can take to prevent your pet from becoming ill after adoption.

Please read and sign the following STATEMENT OF UNDERSTANDING:

Date: \_\_\_\_\_

I understand that the animal I am interested in adopting may require medical treatment that could result in significant veterinary medical bills. I will not hold the Humane Society of Kent County accountable for the cost of such treatment as the cat may require after adoption.

Signature: \_\_\_\_\_