



Humane Society
OF WICOMICO COUNTY

Cat Adoption Application

Pet name: _____ ID#: _____

Name: _____ Date: _____

Address: _____ Apt: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Email: _____

Employer/Occupation: _____

Please list the name and age for ALL members of your household including applicant:

Who will be primarily responsible for the care of this animal? _____

Do you live in a (Circle One): Home Apartment Mobile Home Condo Townhouse
Dorm Farm Other: _____ Length of time at current residence: _____

Do you (Circle One): Own Rent Live with Parents Other: _____

If you rent or live on property that is owned by someone else, please complete the next line:

Property owner name: _____ Phone: _____

Are you willing to work through any behavioral problems with your adopted animal? Yes No

Are you willing to give the animal 6 weeks to adjust to its new environment? Yes No

Do you agree to take your adopted animal to a vet within 7 days of adoption? Yes No

Do you understand that your adopted animal may require additional veterinary care as a result
of being exposed to shelter related illnesses (i.e. upper respiratory infection). Yes No

Have you ever had to give an animal away? Yes No

If yes, what were the circumstances? _____

Do you plan on declawing your cat? Yes No

I would prefer a cat who will (circle all that apply):

Live Indoors

Live Outdoors

Come and go independently

I would NOT tolerate or would have difficulty managing the following (circle all that apply):

Not using
a litter box

Scratching
furniture

Wanting to
go outside

Play
Biting

N/A
Not Applicable

Please list all of your current pets and/or all of the pets you have had in the past 5 years:

Pet's Name	Species	Breed	Sex	Age	Spayed/ Neutered Yes/No	If you do not currently have this pet, where are they now?

Who is your veterinarian? _____ Phone: _____

Whose name are the records under? _____

If your current pets are not up-to-date on vaccinations or altered, please explain why: _____

Please provide an alternate contact, someone who does not live with you.

Name: _____ Phone: _____

By signing below, I understand that the falsification or omission of any of the above information will result in automatic refusal of adoption or confiscation of the adopted animal. We maintain the right to refuse any application at our discretion. We maintain the right to complete a home check. I authorize HSWC to verify the validity of any information contained in this application. I hereby agree to release, discharge, indemnify and hold harmless the Humane Society of Wicomico County and any of its agents from any and all liabilities that may arise out of the handling by me and/or my party.

Signature: _____ Date: _____ Time: _____

-----FOR HSWC USE ONLY – Rev. 2/11/19-----

ID__ SB__ PS__ HH__ A__ D__ MG__ LL__ Dep_____

Expires: _____

Comments: _____

