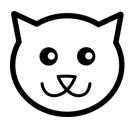


## www.humanecherokeecounty.org humanecherokeecounty@gmail.com (918) 457 - 7997



## **FELINE ADOPTION APPLICATION**

APPLICANT – Name:			Date:	
Street Address:				
City:		State:	Zip:	
Phone #:	_ Best time to call: _	Er	mail:	
Employer:	How Long?:	Location:	Work Phone:	
spouse/significant other – Name(s):			Length of Relationship:	
Employer:	How Long?:	Location:	Work Phone:	
ROOM-MATE(s) – Name(s) and Phone	#(s):			
CAT(s) WANTED — TYPE (select all belo	ow that apply):	DESCRIPTION:		
□ Cat (adult, 1 year or older	)	Breed:		
☐ Kitten (4 to 12 months)				
□ Kitten (6 to 12 weeks)				
□ Male □ Female		Hair type/length:		
□ Indoor only □ Outdo	or only	OR – List the NAME(s) of the cat(s) you are applying for below:		
□ Indoor/Outdoor				
HOUSEHOLD INFORMATION – Type of re	sidence ( <i>House, apar</i>	tment, etc):	Do you own or rent this residence?:	
Apartment name, landlord's name/	phone # (if renting): _			
Adults (#): Relation:		Childr	Children (# and ages):	
Dogs (#): Cats (#):	Other Pets (type	and #):		
Does everyone in your househo	old want a cat?	How long have	you been wanting to get a cat?	
<ul> <li>Is anyone in the household alle</li> </ul>	rgic to cats?	_ • About how many	hours per day is someone home?	
<ul> <li>Where will the cat spend most</li> <li>Who will be the main caregiver</li> </ul>			in your household had other pets?	
=		<del></del>		
Do you have, or can you immed				
Can you afford proper care for	a cat (good quality fo	ood, vaccinations, flea/t	tick preventive, de-worming, etc.)?	
veterinarian – Name:		Phone	2 #:	
Location: Nan		e of person account is under:		
If none, which vet do you plan to us	e?:			
REFERENCES – cannot be related to yo	ou – please provide a	NAME and PHONE NU	JMBER for each reference	
1.				
2.				
BY SIGNING BELOW YOU: CERTIFY that a	Il information provid	ded is accurate. UNDERS	STAND that all applications will be processed for	
· · · · · · · · · · · · · · · · · · ·	•	·	complete may be voided and not contacted,	
UNDERSTAND that HSCC HAS THE RIGHT TO	DENY ANY APPLICANT FO	OR ANY REASON		
APPLICANT SIGNATURE:			DATE:	