



Adoption Application BARN CAT

Cat's Name (if specific animal is requested): _____ Date: _____

Preferences: AGE _____ Gender _____ Color /Other: _____

PLEASE NOTE: we are unable to consider incomplete applications.

Applicant's Name: _____ Date of Birth _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone _____

Name(s) of Other Primary Caretaker(s) in the Home: _____

Where did you learn about the animal?

Shelter visit ___ SPCA Website ___ SPCA Newsletter ___ Facebook ___ Event ___ Newspaper ___ Other website ___

Please let us know which newspaper, event or website: _____

- 1) Are you over 21 years of age? (Yes / No)
- 2) Do you have the income/resources to provide for a barn cat? (Yes / No) Source of Income/Resources: _____
- 3) Where do you live? (*circle one*) House Apartment/Condo Mobile Home Dorm Other: _____
Do you : (*circle one*) Own or Rent * *If you rent, we may contact your landlord to verify pet policy*
* Name of Landlord: _____ Phone: _____ Verified by: _____
- 4) Please describe the out building the cat(s) will be living in: _____
- 5) Is the out building heated in the winter? Yes No (this is not a requirement)
- 6) Will you be able to provide daily food and water? Yes No
- 7) Are you willing to provide necessary medical care? Yes No
- 8) Will the cat be allowed inside your home? Yes No
- 9) Do you have cats currently in your barn? Yes No
- 10) Have you had cats previously in your barn? Yes No
- 11) Who is your vet? _____

May we contact your vet? Y N Phone number: _____



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12) List current pets:

Animal Name	Breed	Sex	Spayed/Neutered	# of years owned	Where is pet now?

13) Why do you want to adopt this pet? _____

14) Is there anything else you would like us to know? _____

The information I have provided is accurate and true to the best of my knowledge. It is my understanding that any false information could result in denial of my adoption application. If I am approved for adoption and at any point the above information is determined to be false I understand that I may be required to release ownership of the animal back to the Pope Memorial SPCA. If for any reason I am unable to keep the pet I agree to return the pet to the Pope Memorial SPCA.

Print Applicant Name

Applicant Signature

Date

Staff Use Only:

Please initial when complete (if applicable):

____ app complete ____ vet check ____ landlord check

____ approved ____ not approved due to _____

Notes: