



Police Department
CITY OF MIDDLEBURG HEIGHTS

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Matthew J. Castelli
Mayor

Edward J. Tomba
Chief of Police



**Division of Animal Care and Control
Cat Adoption Application**

Name of Cat(s) applying for:		Date:	
Applicant Name:			
Address:	City:	State:	Zip:
Home Phone:	Work Phone:		
Employer:	Occupation:		

Adoption fees are nonrefundable under any circumstances.

Universal Questions:	
Have you ever adopted an animal from a rescue or shelter? YES () NO ()	Has your application ever been rejected from a rescue or shelter? YES () NO ()
Have you ever given up an animal before? YES () NO () If Yes, Please Explain:	Are you planning on declawing? YES () NO () If Yes, Please Explain:
Why do you want this cat?	What are the most important responsibilities in owning a cat?
Under what circumstances would you return this cat?	What precautions would you take to properly introduce your cat to a new animal?
Who will be the primary caretaker of this cat?	If a disciplinary or behavior problem arises, what steps will you take?
For whom are you adopting the cat? GIFT () SELF ()	If you move, what will you do with the cat?

Veterinary Information	
Clinic name:	
Doctor(s):	Phone #:
Which owner are records listed under:	
Date of last vet visit:	
Please list what kind of routine veterinary care you plan to provide for your cat (including flea control, shots, etc.):	
Do you have a different vet in mind for your new pet? YES () NO() If yes, who:	

Residence Information	
Do you own or rent your residence? RENT () OWN ()	Where will the cat be kept? INDOORS () OUTDOORS () BOTH()
What is your residence? House () Townhouse () Duplex () Condo () Apartment () Other () If Other, Please Explain:	If rent, name of landlord and phone number? Are pets allowed? YES () NO () NOT SURE () Is there an additional charge for pets? YES() NO() NOT SURE()

Household Information	
What will you do with the cat when you travel?	When you are home, where will the cat be kept?
Will anyone be home during the day? YES () NO()	How many hours will the cat be left unattended?
When no one is home, where will the cat be kept?	Does any member of the family have any allergies to animals? YES () NO()
How many adults currently reside in your household?	Any children in the household? YES() NO() Ages:

I attest that all of the above information is true to the best of my ability. I give permission for the adopter to contact anyone on this form. I agree to abide by all of my City Ordinances in relation to this animal.

Initial