



# MIDDLEBURG HEIGHTS ANIMAL SHELTER

7375 Engle Road • Middleburg Heights, Ohio 44130 • (440) 239-6333

## Cat Adoption Application

Name of Cat(s) applying for:			Date:		
Applicant Name:					
Address:		City:		State:	Zip:
Phone:	Email:		Occupation:		
Employer:		Over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**Adoption fees are nonrefundable under any circumstances.**

<b>Universal Questions:</b>	
Have you ever adopted an animal from a rescue or shelter? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has your application ever been rejected from a rescue or shelter? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever given up an animal before? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Please Explain:	Are you planning on declawing? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Please Explain:
Who will be the primary caretaker of this cat?	

<b>Veterinary Information:</b>	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who:	

<b>Residence Information:</b>
Do you own or rent your residence? <input type="checkbox"/> RENT <input type="checkbox"/> OWN
If rent, name of landlord and phone number?
Are pets allowed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE
Is there an additional charge for pets? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE

<b>Household Information:</b>
Does any member of the family have any allergies to animals? <input type="checkbox"/> YES <input type="checkbox"/> NO
Any children in the household? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, ages:

<b>Donation Information:</b>
How are you paying? <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CARD

**IMPORTANT: Please bring a cat carrier to be able to take the cat home.**

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.

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initial