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Community Action to Save Strays, Inc. Application to adopt a cat

Please answer the following questions and mail the form back to Community Action to Save Strays (CATSS) at: P.O. Box 422, Oberlin, OH 44074 or email catssoberlin@gmail.com. Many of the questions on this form will help us determine what cat would best be suited to you, your preferences and your household.

Nam	ie							
Addı	ress 1							
Addı	ress 2							
City				S	State	Z	Zip	
Ema	il							
Hom	ne Phone							
Cell	Phone							
Wor	k Phone							
 2. 3. 	Do you own you that you are per Are you a colleto have a pet.	our home _ ermitted to l ege student *Students un	have pets.	our home? ousing? ill need a co-ad	(Check of Check of Ch	one) If you	provide proof	need to provide proof that you are permitted the cat in the event that
	a. Are yo	ou at least 21	years old?	_ If not, please	e provide the name	e and conta	ct information	for the co-adopter
	b. Co-ad	opter Name			Phone Number		Email	
4.	How many peo	ople live in	your home?	What	are their ages?			
5.	How many pet	s are curre	ntly in your home?					
		dogs	ages	male	female			
		_cats	ages	male	female			
		_birds	ages	male	female			
		_others						
6.	Are all the ani	mals in you	ır household spayed	and neutered		yes	no	
7.	Are all the ani	mals in you	r household current	on all vaccina	ntions?	yes	no	
8.	Which best de	scribes vou	r home activity leve	el? (This is im	ortant in selecting	the right o	eat for you)	

(Revised 09-10-2020)

	Busy/noisy	Moderat	e coming/going	Quiet/occasional guests
9.	Would the cat live:	Indoor only	Outdoor only	Indoor/Outdoor (Check one)
10.	Do you plan on having the cat	declawed?	yesno (C	neck one)
11.	In the past three (3) months did	l you have an animal	on your property that di	d from: distemper, leukemia, parvovirus or an
	unknown cause?	yes	no	
12.	Do you currently have a vet?	yes	no	
	If yes, may we call the	em for a reference? (r	name & contact for vet)_	
13.	What behaviors would you find	d problematic in a cat	you adopted? (ex: chew	ing, clawing, soiling, etc.)
14.	Do you have any concerns abo	ut adopting a cat or o	ther information you wo	ald like about adopting a cat?
15.	If your financial situation were	to change in the near	future, would you still	e able to care for your cat?
	yes	no		
16.	If you are currently furloughed	or unemployed, if yo	ou return to full time emp	loyment, will you still be able to provide the
	necessary care for this cat?	yes	no	
ume		njury, illness or othe	er harm that may com	and have not given any false information. e to me, my family, pets, guests or proper ne animals in their care.
olicar	nt Signature		Date:	

Adoption Agreement

Community Action To Save Strays, Inc. (CATSS)

P.O. Box 422, Oberlin, OH 44074 catssoberlin@gmail.com **(440) 506-5014**

By signing below, I (print name)	
acknowledge receipt from C.A.T.S.S., animal I.D. #_	
described as	, for adoption.
In accepting this cat, I agree to be bound by the	rules and regulations printed below.

- 1. The cat described herein is to be provided with a **good home** and receive kindly treatment and proper care including necessary **shelter**, **food**, **water**, **and medical attention**.
- 2. The right of possession and ownership of this cat is **conditional** and subject to termination if at any time CATSS determines, in its sole discretion, that the conditions specified in this agreement have not been fully complied with. In that event I will return the animal to CATSS upon demand.
- 3. CATSS does not condone the practice of declawing a cat, except in the very rare situation where a member of the adoptive family has a medical condition that would necessitate such a procedure to ensure the family member's safety and continued health. By signing this contract, you agree to not declaw any cat or kitten adopted from the CATSS organization. You can read more about a cat's scratching behavior and the effects of declawing at the ASPCA's website: https://www.aaha.org/professional/resources/declawing.aspx.
- 4. I am adopting the animal to be to be a permanent member of my own family and will not **sell**, **give**, **or otherwise transfer** the animal described herein to any person. If the animal is not a fit for my family, I can return him or her within 7 days to try another animal or get a refund of my donation.
- 5. I take responsibility for **protecting any other pets from infection or disease.** Most vets recommend keeping new animals separate and washing hands between contact with animals for 14 days.
- 6. I understand that although the cat **has been spayed or neutered**, **and** received appropriate vaccinations, I am urged to take my new pet to my own veterinarian for specific, individualized health care recommendations. Please be sure to bring the attached Intake/Medical record with you and your new pet to your family veterinarian.
- 7. **CATSS cannot guarantee** the health or temperament of the cats adopted from them. I will not hold CATSS, its past, present, and future officers, directors, agents, and employees shall not be held responsible for any defects and/or illness which the animal may have or may develop and for any damage or injury to any person or property which may be caused by the animal.

Adopter's Signature:	Date:	
Address:		
Phone number(s):		
e-mail:		
Co-adopter verified by by C.A.T.S.S. officer employee :		
Donation received: \$75.00 In the form of cash	_ check #:	
by C.A.T.S.S. officer employee:	date:	