



Welcome to the Coppell Humane Society (CHS). Thank you for your interest in adopting a rescued pet. The following information is requested so that our adoption counselors can assist you in the selection of a new pet. The animal's welfare is our foremost consideration. This consultation process is designed to help us to assist you in finding an animal most compatible with your lifestyle and to determine if the adoption is in the animal's best interest.

CAT ADOPTION

Date: _____

In order to be considered as an adopter today, you must:

Cat #: _____

- Be 18 years of age or older
- Live in the D/FW area
- Have identification showing your present address
- Willing to provide a vet reference for animals currently in your care and for the last five years.
- Have the knowledge and consent of your landlord (verification will be done)
- Be able and willing to spend the time and money necessary to provide medical attention and proper care for your new pet.

Cat Name: _____

Name: _____	Spouse/Partner's Name: _____
Address: _____	Home Phone: _____
City/State/Zip: _____	Work Phone: _____
Email Address: _____	Cell Phone: _____
TX DL #: _____	Employer: _____

Is your home a: House / Apartment / Mobile Home

Do You: Own / Rent or Lease

Before proceeding with this application, please initial each item below. This is required to proceed with an adoption.

I understand that:

_____ CHS reserves the right to refuse adoption or placement to anyone. Adoption approval or refusal decisions are made solely at the discretion of CHS. Falsifying information on the application will result in disqualification from adoption.

_____ All potential adopters/foster homes may be screened for suitable placement of animals. By submitting this application, you give permission for CHS to investigate and confirm the information that you provide. You agree that this information can be shared with other humane societies or rescue groups.

_____ You give permission for a CHS representative to visit your home prior to adoption to do a home check and after adoption to do follow-up checks on your adopted pet if requested.

_____ I, _____ (print name), hereby give permission to my landlord, apartment complex, mobile home park or neighborhood associations to release information to CHS concerning my pet deposit or other rules regarding pet ownership.

My Landlord/Apt. Complex's Name: _____ Phone #: _____

_____ I, _____ (print name), hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals to CHS.

My current veterinarian is _____, located at _____ and can be reached at (_____) _____

I understand the above information, and agree to the requirements CHS has in the adoption process.

Signature

Date

HUMANE SOCIETY OF COPPELL, INC.
CAT ADOPTION / FOSTER CARE APPLICATION

Before completing this application, please read the adoption contract you must agree to and will later sign.

Please complete both pages and the attached contract. Then, give it to a CHS volunteer, or fax all 5 pages to us at 972/874-1446 or 817/430-9402.

Adopter / Foster Information

Your Name: _____

Today's Date: _____ I am applying to Foster, or Adopt Conditional? Yes No

Conditional Terms: _____ Trial Expiration Date: _____

How long at current address? ____ Yrs., ____ Mos. Do you plan to move in the next 12 months? Yes No

Renter Info: Does your landlord require a pet deposit? Yes No How Much? \$ _____
Does your landlord set a weight limit for pets? Yes No Lb. Wt. Limit _____
Do you currently have a Pet Deposit held by your landlord? Yes No
Is the pet deposit per household, or per animal? _____

How many hours per day will this cat be: Inside? _____ Outside? _____ Crated? _____

Total number of individuals in household: _____ Ages of children in household: _____

Do all of the adults in your household consent to the adoption / fostering of this cat? Yes No

Does anyone in your household have known allergies to: Cats Yes No // Dogs Yes No

If you had to move, what would you do with this cat? _____

Why do you want to adopt a cat? _____

What is your primary criteria for this cat? _____

Is this your 1st experience with a cat? Yes No Do you or your spouse travel frequently? Yes No

Where would the cat stay if you went out of town? _____

Where will this cat be kept while you are at work or away from home? _____

Who will be the primary caregiver? _____

FOR CHS USE ONLY

CHS Number: _____ Cat Name: _____ Cat DOB: _____

Sex: M F Color: _____ Breed/Description: _____

VSA given? FOR: Exam FVRCP Vac Deworm FeLV Vac. Rabies FeLV Test Spay/Neuter Exp _____

Other: _____

ID Tag # _____ Pet Owner Manual provided? Adoption Policy explained?
 Pet History completed? Application & Contract signed

Payment Information

Check # _____ Adoption Fee: \$ _____ Additional Charges: \$ _____ Total Paid: _____

Cash

Application reviewed by: _____ CHS Adoption Counselor: _____

Notes: _____

HUMANE SOCIETY OF COPPELL, INC. CAT ADOPTION / FOSTER CARE APPLICATION

Pet Ownership History:

Other vets you have used with in the past 5 years (include city, state & phone #): _____

Total number of pets you currently own: _____ # of Dogs: _____ # of Cats: _____ # Other: _____

Are all pets in your household current on their vaccinations? Yes No

Are any cats in your household diagnosed with diseases such as: Feline Leukemia (FeLV) Yes No

Feline Infectious Peritonitis (FIP) Yes No Feline Immunodeficiency Virus (FIV) Yes No

Please list all pets currently owned

Name	Type	Breed	Sex	Spayed/Neutered?	Inside/Outside/Both?	Age	Declawed?

List all pets owned within the past 5 years not currently owned. (include deceased, lost, stolen, sold, or given away):

Name	Type	Breed	Sex	Spayed/Neutered?	Inside/Outside/Both?	Age	Declawed?

Have you ever surrendered an animal to a rescue program, shelter, or animal control? Yes No

Are you planning to declaw this cat? Yes No

If you have dogs, have they been exposed to cats before? Yes No

No cat is perfect! Please tell us what behaviors you are unwilling or unable to work through. Please check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Eliminating outside the litterbox | <input type="checkbox"/> Scratching furniture or carpet | <input type="checkbox"/> Jumping on counters |
| <input type="checkbox"/> Rough play (biting) | <input type="checkbox"/> Meowing | <input type="checkbox"/> None of the above |

Other _____

By submitting this application, I confirm that all information in this application is correct and complete and I acknowledge that I have read, understand and agree to all the terms and conditions of the adoption contract (pages 4 & 5). I authorize my landlord, veterinarian and any other parties contacted to release information confirming this application to CHS for verification. Failure to provide accurate information will forfeit my adoption fee and revert ownership of this animal to CHS. Your signature will be required at the time you meet with a CHS representative.

Potential Adopters and Foster Caregivers are screened for suitability. CHS reserves the right to refuse placement of an animal for any reason. Animals may be removed from unsuitable homes at any time based upon the discretion of the CHS Board of Directors.

Adopter/Foster Caregiver Signature: _____ Date: _____

HUMANE SOCIETY OF COPPELL, INC.

CAT - ADOPTION CONTRACT AND DISCLAIMER OF LIABILITY

Your Name: _____ Date: _____

I am applying to adopt foster CHS Cat ID: _____ Cat Name: _____

Please complete the above, then print out these pages and bring with you when you meet with a CHS adoption counselor. **Read and initial** each section. This is a **legally binding contract**. Please consult with your adoption counselor if you do not understand any portion of this contract.

	<p>I understand that Coppell Humane Society strongly discourages declawing of cats. Before declawing the adopted cat, I will discuss other options with a representative of Coppell Humane Society. I agree that, if no reasonable alternative to declawing can be found, only the front claws will be removed. I WILL NOT subject the cat to a four-paw declaw. I understand that declawing causes physical pain to the animal for periods of time ranging from several days to several months and that it can also cause psychological damage to the pet, resulting in severe behavior problems. I understand that removal of a cat's front claws destroys its primary natural defense mechanism. I agree to compensate for this loss by keeping the cat in a safe, indoor environment at all times.</p>
	<p>I understand that Coppell Humane Society strongly recommends that all adopted cats be kept indoors at all times to prevent injury and disease. I specifically agree to keep the adopted cat indoors at all times when I reside in a multi-family housing unit (apartment, four-plex, duplex, etc.) I agree to keep a collar and an identification tag on the cat at all times for not less than the 1st year after adoption, in case it escapes.</p>
	<p>I agree to provide the cat daily food and fresh water, shelter from extreme temperature and weather conditions, and veterinary care to prevent and treat disease, illness, and injury. I also agree to keep the cat free of parasites (such as fleas, ticks, worms, etc.). I will ensure that it is treated in a humane manner at all times.</p>
	<p>I attest that I am not obtaining this cat for use in any kind of experimentation or for the sale to any agency that experiments on animals.</p>
	<p>Coppell Humane Society does not necessarily know the nature of the cat or its characteristics, and gives no warranties, expressed or implied, of temperament or fitness. I confirm that I have been provided information on the cat's current health status, noting any known pre-existing conditions. I understand that the cat is delivered "as is." I understand that the cat should be isolated for a period of time from my own pets, to the extent possible, in the event that it has been exposed to any type of illness.</p>
	<p>If I should decide, for whatever reasons, that I cannot continue to care for this cat, I will notify Coppell Humane Society immediately. I WILL NOT turn it over to an animal shelter or have it destroyed. I understand that Coppell Humane Society, at its discretion, will place the cat with another caregiver as soon as possible after receiving any notification.</p>
	<p>I understand that Coppell Humane Society has transferred ownership of this cat to me based on the information provided in my Adoption/Foster Care Application. The cat is adopted to live in my home and is not to be given or sold to another individual, institution, or organization without the express written permission of Coppell Humane Society. If my residence or living situation changes the cat is not to be placed in an environment functionally different than the one described in my Adoption/Foster Care Application.</p>
	<p>I relieve Coppell Humane Society of all liability and responsibility for damage or injury to persons, property or other animals caused directly or indirectly by this cat.</p>
	<p>I understand that this cat has social and emotional needs, as well as physical ones. I am prepared and able to devote time and attention to the cat to meet those needs.</p>

Humane Society of Coppell, Inc. Adoption Contract and Disclaimer of Liability (continued)

	I agree to notify Coppell Humane Society if the cat is lost or dies within 1 year.
	I grant permission to Coppell Humane Society to verify information provided in my Adoption/Foster Care Application, including, but not limited to, payment of required pet deposits and verification of veterinary care.
	I understand that it is the responsibility of the new pet owner to see that the cat complies with all health regulations and other applicable ordinances. This includes, but is not limited, to vaccinations to prevent rabies and local pet licensing laws.
	I agree to take every necessary precaution to ensure that any animal in my care does not reproduce. Although it is rare for CHS to adopt an unaltered animal, I promise that, should I adopt an unaltered cat, it will be spayed or neutered at the earliest possible time in accordance with reasonable veterinary advice from one of our participating vets. My failure to have such cat altered by 4 months of age (without showing justification otherwise) constitutes just cause for Coppell Humane Society to revoke the adoption, and to remove said cat from my ownership and care.
	I understand that there is a monetary cost associated with pet ownership. In addition to routine vaccinations, dental care and screening tests, cats may need veterinary care for treatment of illness or injury. Other costs may include charges for, pet deposits required by landlords, and damage to personal property. I attest that I am both financially able and willing to accept full responsibility for the pet.
	I confirm that I am making a long-term commitment to the ownership of this cat. Coppell Humane Society has informed me of the cat's estimated current age, and I understand the life expectancy of the cat <u>may</u> exceed 20 years. I understand that changes in my life-style or family composition do not relieve me of my responsibility to the pet.
	I understand that Coppell Humane Society cannot predict the behavior of this pet in his new home. Failure of the cat to meet my expectations does not relieve me of my responsibility to the cat. I understand that consistent, humane training can help the cat adapt to his new home and alter certain behaviors.
	I understand that children are not fully capable of caring for a cat and that primary responsibility of the pet rests on the adopter. I will provide appropriate supervision and instruction on proper handling of cats to children in my household.
	I agree to present the cat and the cat's Health Record provided me in the Pet Owner's Manual to a full-service veterinarian for examination within 30 days.
	I confirm that I am adopting the cat as a personal companion, that it will reside at my primary residence, and that I am not acquiring this cat solely for rodent control.
	Other special conditions of adoption: _____ _____
	I understand that failure to comply with any of the conditions in this agreement constitutes just cause for Coppell Humane Society to revoke the adoption arrangement, and to remove said cat from my ownership and care, with no refund of adoption fees, at which time full ownership of the cat will revert back to Coppell Humane Society.

Adopter Signature: _____ Date: _____

CHS Representative: _____ Date: _____