



APPLICATION TO ADOPT A CAT OR KITTEN

Adopter's Name: _____ Age (if under 18): _____
Street Address: _____
P. O. Box: _____
Phone (H): _____ (Cell): _____ (W): _____
Email: _____

- 1. Have you adopted an animal from The Bahamas Humane Society before? **YES** **NO**
- 2. Do you still have it? **YES** **NO** If 'NO', where is it? _____
- 3. Which of the following would you prefer to adopt? **Cat** **Kitten**
- 4. Why do you want this animal? _____
- 5. Do you have a dog where the cat will be living? **YES** **NO**
- 6. What other animals do you currently have? _____
- 7. Do you have children? **YES** **NO** If 'YES', how old are they? _____
- 8. What hours will someone be routinely with the cat on weekdays? _____
- 9. What hours will someone be routinely with the cat on weekends? _____
- 10. Who will care for the cat on days when you are not at home? _____
- 11. Will you provide a liiter box with changes of litter when required? **YES** **NO**
- 12. Do you have a cat basket/carrier to be able to transport the cat to the vet? **YES** **NO**
- 13. If you are renting, do you have your landlord's permission to have a pet? **YES** **NO**

By signing below, I undertake to provide the cat/kitten with proper and necessary care and attention at all times
I permit a representative from The Bahamas Humane Society to visit and check this animal where it will be living

I acknowledge that the adoption fee includes spaying/neutering and first shots.

I accept that all other veterinary care or treatment is my responsibility.

If the kitten is too young to be spayed, I WILL bring it back for spaying/neutering on the appointed date.

I acknowledge that failure to do so may result in the Bahamas Humane Society taking the kitten back.

I agree that The Bahamas Humane Society has the right to have the cat/kitten returned if I have made a false statement on this application. I agree that I will not part with this cat/kitten, nor sell or dispose of it in any way, except to return it to The Bahamas Humane Society.

Signature: _____ Date: _____
Parent Signature (if under 18): _____ Date: _____

For BHS office use only

Interviewer comments: _____

ACCEPTED **DECLINED** By: _____ Date: _____