



MACOMB COUNTY ANIMAL CONTROL
21417 DUNHAM ROAD
CLINTON TWP., MI 48036
586-469-5115



CAT ADOPTION APPLICATION/AGREEMENT
(please print)

Applicant Name: First Last

Address: Number Street City Zip

Phone: Email

Driver License # Date of Birth:

- 1. I currently live in a House Condo/Townhome Mobile Home Apartment
2. The residence is Owned by me Rent/Lease, landlord name Live with parents/someone else
3. How long have you lived at this address? Do you plan on moving Yes No
4. How many adults live at your address? Children? Children Ages
5. Are all adult members of the household aware and agree to this adoption? Yes No
6. Are your pets kept current on vaccinations? Yes No
7. Name of veterinarian clinic you use
8. Are dogs you own/owned licensed? Yes No NA
9. Have you ever had to surrender an animal you owned to an animal shelter? Yes No
If yes, what were the circumstances
10. Estimated annual cost (food, vaccinations, supplies, veterinary care, etc) that you are prepared to spend for the care of the animal you are considering? \$
11. How many hours will the cat routinely be left alone during the day?
12. Where will the cat be kept when no one is home?
13. Where will the cat sleep?
14. Will this cat and any cats you own be: Indoor Only Outdoor Only Indoor/Outdoor
15. How long will you allow the cat to adjust to a new home and other cats (if applicable)?
16. What cat behavior(s) can you not tolerate?
17. How would you handle this behavior(s)?

18. Under what circumstances would you not keep this cat? _____

19. Please list all pets you have owned in the past 12 years:

Type of pet (dog,cat, etc)	Spayed or Neutered?	How long owned?	If no longer owned, what happened to him/her?

Please note we reserve the right to refuse adoption to any applicant.

I understand that many of the animals at the Macomb County Animal Control are strays, therefore their health and veterinary care history is unknown.

I understand that all animals available for adoption have received age appropriate and species specific vaccinations, treated for intestinal parasites if observed and have been tested for canine heartworm or feline leukemia/FIV.

I understand that the Macomb County Animal Control does not perform any diagnostic testing or extensive physical examinations and therefore cannot make any health guarantee for the animal you are adopting.

I understand as the adopter, I am responsible for any future veterinary expenses. Adoption fees are not refundable.

I understand that by completing this agreement that I may be subject to a background check (Logan's Law) and information provided may be verified.

I agree to treat the animal I am adopting in a kind and humane manner; to provide adequate food, water and shelter; to keep the animal current with vaccinations; to provide veterinary medical care when needed. If for some reason I am unable to keep the animal, I agree to return it first to the Macomb County Animal Control. If Macomb County Animal Control is not able to take the animal, I must provide housing for it until another suitable home is found.

My signature below certifies that I am twenty-one (21) years of age or older, that I have read this agreement in its entirety, that the information I have provided is accurate and true, that I will abide to the terms of this adoption agreement.

Signature

Date