

\$10 Hold Deposit*					
Accepted by					
□ Cash	□Check #				

ADOPTION APPLICATION

570-327-8707

Date:		Name	e of Cat Ap	plying For:		
Your Name:						
Address:						
	State: Zip Code:					
	ome Phone: Cell Phone:					
	Email: Date of Birth:					
How long have	you lived at your cur	rent address?	If f	ewer than 3 year	s, pleas	se list previous address:
Your Current Employer:						
Do you: □Rent □Own □Live with parents If you rent, Landlord's Name:Phone:						
Are you current	tly a college student?	Yes □No				
Name(s) of other adult(s) living in household (if any):						
Name(s) and ag	ge(s) of children living	g in household (if a	ny):			
Are there curre	ntly any pets in your	household? 🗆 Yes	s 🗆 No 🗆	IYes, but they are	n't mir	ne
Current and Pa	st Pet Information:					
Name	Species & Breed	Where is pet kept	Age	Spayed/Neutered	Sex	What happened to pet
				Yes No Yes No		
				Yes No		
				Yes No		
				Yes No		
				Yes No		
-				Yes No		
				Yes No		

Yes

No

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Do you currently have a Veterinarian? □Yes □No Veterinarian's Name: Phone:				
Have you ever (check any that apply): □Given/sold a pet to another person □Given a pet to a shelter □Had a pet run away □Had to euthanize a pet □Had a pet die in your care If any are checked, please explain:				
What would you do with the cat if you had to move?				
If a situation arose which no longer allowed you to keep the cat (ex: allergy, divorce, etc.), what would you do with it?				
Does anyone living in the household have allergies to cats? ☐Yes ☐No				
Do all members of your household agree on adopting? ☐Yes ☐No ☐It's a surprise				
How much do you anticipate spending yearly to care for this cat (food, supplies, medical care, etc.)?				
How much do you anticipate spending on this cat if a serious medical condition/emergency arises?				
How many years do you expect to own this cat/how long do you expect this cat to live?				
What has prompted you to apply for this cat?				
Where will this cat spend the day? (check all that apply) □Inside only □Inside with free access to outside □Inside with supervised time outside □Outside only □Dog pen □Crate □Basement □Garage □Other				
Where will this cat spend the night? (check all that apply) □Inside only □Inside with free access to outside □Inside with supervised time outside □Outside only □Dog pen □Crate □Basement □Garage □Other				
How much time are you willing to give this cat to adjust to its new home?				
Why do you want a cat? □Companionship □Company for another pet □Breeding □Catching Mice □Gift □For in the barn □Other:				
Are you planning to have the cat declawed? ☐Yes ☐No ☐Only if it scratches ☐I don't know what this is				
Do you know how to trim a cat's nails? ☐Yes ☐No				

*A \$10 hold deposit is required for all cats/kittens and is non-refundable. This will be applied to the adoption fee.

Lycoming Animal Protection Society (LAPS) appreciates your patience and understanding throughout this application procedure. Please understand our goal is to make sure our cats are placed in only the best homes. Please read the following and sign below:

Lycoming Animal Protection Society has the right to refuse an adoption for ANY reason! The responsibility of LAPS is placing the cat's best interests first.

Conditions of Adoption:

- I will not sell, give away, or transfer this cat to another person or entity.
- I agree to return this cat to LAPS if I am no longer able to provide for its proper care or meet the requirements established by this animal shelter.
- I agree that this cat will be kept inside and that my responsibility to this cat includes, but is not limited to, adequate shelter (your house), water, food, and veterinary care. This cat shall not be allowed to roam outside at will.
- I will comply with all animal related city ordinances and state laws.
- I understand my cat will be surgically sterilized before I take him/her home, and if it is too young, I will have this procedure performed by the shelter veterinarian, when the cat reaches 6 months of age, using the spay/neuter certificate provided by LAPS. If I chose to use a different veterinarian, I will pay the entire cost of the procedure and send acceptable verification of the procedure to LAPS.
- As part of the adoption contract, I agree to allow a representative of LAPS to inspect the shelter arrangements of this cat and its health. If such an inspection takes place, it will be at a time convenient for both parties.
- I certify that I have never been charged with animal cruelty.
- I acknowledge that LAPS can make no guarantees with regard to the health of the cat I am adopting. I understand that this cat was a stray, unwanted or abandoned animal. It is possible that the cat did not receive veterinary care prior to his/her arrival at LAPS.
- I agree that any donation given to LAPS, in conjunction with the adoption of this cat, is non-refundable.

I hereby acknowledge that I have read and understand the above terms and conditions and will keep the adopted cat inside as a family member. I understand this is a binding contract enforceable by civil law. I have signed this contract intending to be legally bound.

All of the above information is extremely important. Your signature on the next line represents that you not only understand the information, but you accept it as a binding legal agreement between you and Lycoming Animal Protection Society (LAPS).

Signature of Applicant:	Date:
Printed Name:	