

Is there a specific cat you are interested in? \_\_\_\_\_

**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.

Name			
Address 1			
Address 2			
City	State	Zip	
Email			
Home Phone			
Cell Phone			
Work Phone			

1. Are you adopting the cat for yourself, or for someone else (a gift)? \_\_\_\_\_
2. Do you own your home \_\_\_\_\_ or rent your home? \_\_\_\_\_ (Check one) If you rent, you will need to provide proof that you are permitted to have pets.
3. Are you a college student living in student housing? \_\_\_\_\_ If yes, you will need to provide proof that you are permitted to have a pet. *\*Students under 23 years of age will need a co-adopter who is over 23 who will be responsible for the cat in the event that the student's life changes in a way that they are unable to care for the cat.*
  - a. Are you at least 23 years old? \_\_\_\_\_ If not, please provide the name and contact information for the co-adopter
  - b. Co-adopter Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_
4. How many people live in your home? \_\_\_\_\_ What are their ages? \_\_\_\_\_
5. How many pets are currently in your home? \_\_\_\_\_  
\_\_\_\_\_ dogs \_\_\_\_\_ ages \_\_\_\_\_ male \_\_\_\_\_ female  
\_\_\_\_\_ cats \_\_\_\_\_ ages \_\_\_\_\_ male \_\_\_\_\_ female  
\_\_\_\_\_ birds \_\_\_\_\_ ages \_\_\_\_\_ male \_\_\_\_\_ female  
\_\_\_\_\_ others \_\_\_\_\_
6. Are all the animals in your household spayed and neutered? \_\_\_\_\_yes \_\_\_\_\_no
7. Are all the animals in your household current on all vaccinations? \_\_\_\_\_yes \_\_\_\_\_no
8. Which best describes your home activity level? (This is important in selecting the right cat for you.)

Busy/noisy       Moderate 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?       yes       no (Check one)

11. In the past three (3) months did you have an animal on your property that died from: distemper, leukemia, parvovirus or an unknown cause?       yes       no

12. Do you currently have a vet?       yes       no

If yes, may we call them for a reference? (name & contact for vet) \_\_\_\_\_

13. What behaviors would you find problematic in a cat you adopted? (ex: chewing, clawing, soiling, etc.)

\_\_\_\_\_  
\_\_\_\_\_

14. Do you have any concerns about adopting a cat or other information you would like about adopting a cat?

\_\_\_\_\_  
\_\_\_\_\_

15. If your financial situation were to change in the near future, would you still be able to care for your cat?

yes       no

16. If you are currently furloughed or unemployed, if you return to full time employment, will you still be able to provide the necessary care for this cat?       yes       no

17. Have you previously adopted from CATSS?       yes       no

If yes, what year? \_\_\_\_\_ And which cat? \_\_\_\_\_

By signing below, I acknowledge that I have thoroughly read this application, and have not given any false information. I assume sole responsibility for any injury, illness or other harm that may come to me, my family, pets, guests or property that may occur due to my involvement with the C.A.T.S.S. organization and the animals in their care.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Community Action to Save Strays  
[www.catssoberlin.org/donate](http://www.catssoberlin.org/donate)  
Support us by shopping [AmazonSmile](#)

(Revised 04-13-2021)

Adoption Agreement: Kitten too young to be spayed or neutered

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. I agree to provide this cat with a good home and receive kindly treatment and proper care including necessary shelter, food, water and medical attention.
2. I am adopting the animal to be to be a permanent member of my 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.
4. I agree to have this cat spayed or neutered by the age of 6 months at my own cost. If I fail to provide CATSS with an invoice or other official record of the cat having been neutered by a licensed vet by the age of 6 months, I will be in violation of this agreement and will be required to return the cat to the CATSS organization.
5. 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 Humane Society's website:  
<https://www.humanesociety.org/resources/declawing-cats-far-worse-manicure>.
6. 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 this case, I will return the animal upon demand.
7. I understand that although CATSS has provided vet care appropriate to the age of the kitten, it will need further vaccinations and other care. I am urged to take my new pet to my own veterinarian for specific, individualized health care recommendations. I have been given any relevant CATSS Intake/Medical records to take with me to my family veterinarian.
8. 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, volunteers and employees 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. 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.)

Adopter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number(s): \_\_\_\_\_  
e-mail: \_\_\_\_\_

\_\_\_\_\_ Donation received: \$100.00 \_\_\_\_\_ In the form of cash \_\_\_\_\_ check #: \_\_\_\_\_  
by C.A.T.S.S. officer: \_\_\_\_\_ date: \_\_\_\_\_

**CATSS: Community Action to Save Strays**  
**SPAY/NEUTER REBATE**

Get your \$50 rebate for having your adopted kitten spayed or neutered.  
It's as easy as 1, 2, 3 ....

1. Check one:

- Send me a check for \$50
- Keep the \$50, and send me letter acknowledging my donation for my taxes.
- Keep the \$50, but don't send me anything!

2. Complete:

CATSS ID number: \_\_\_\_\_

Cat's name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ and Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

3. Return: Mail this form and a copy of your vet or clinic bill for spaying or neutering your cat to:

Community Action to Save Strays  
PO Box 422  
Oberlin, OH 44074

If you prefer, you can scan and e-mail to: [catssdonations@gmail.com](mailto:catssdonations@gmail.com)

**IMPORTANT:** Even if you don't want a rebate, you **MUST** return this form.  
Failure to provide proof of your cat's surgery is grounds for CATSS to reclaim your cat.

CATSS ID # \_\_\_\_\_

DATE ADOPTED: \_\_\_\_\_

CATSS VOLUNTEER: \_\_\_\_\_