

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
Support us by shopping [AmazonSmile](#)

(Revised 04-13-2021)

Shop our [Chewy Wishlist](#)

Adoption Agreement

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. The cat described herein is to be provided with a good home and receive kindly treatment and proper care including necessary shelter, food, water, and medical attention.
2. 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 that event I will return the animal to CATSS upon demand.
3. 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>.
4. I am adopting the animal to be to be a permanent member of my own 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.
5. 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.
6. I understand that although the cat has been spayed or neutered, and received appropriate vaccinations, I am urged to take my new pet to my own veterinarian for specific, individualized health care recommendations. Please be sure to bring the attached Intake/Medical record with you and your new pet to your family veterinarian.
7. 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, and employees shall not be held 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.

Adopter's Signature: _____ Date: _____

Address: _____

Phone number(s): _____

e-mail: _____

Co-adopter verified by by C.A.T.S.S. officer employee : _____

Donation received: \$75.00 _____ In the form of cash _____ check #: _____

by C.A.T.S.S. officer employee: _____ date: _____