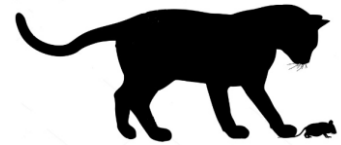




Animal Being Adopted: \_\_\_\_\_



## LONGMONT HUMANE SOCIETY BARN CAT ADOPTER SURVEY

*To be assured the cat you wish to adopt is well suited for you, your home, and your lifestyle and that the cat is placed in an environment that is compatible with his/her needs, we ask that you complete this survey.*

### Guardian Information

Today's date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Time lived at current address: \_\_\_\_\_ months / years

Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

How did you learn about Longmont Humane Society and/or this particular animal? (Please be specific)

\_\_\_\_\_

Have you adopted from Longmont Humane Society before?  Yes  No

Have you introduced barn cat(s) to an outdoor structure in the past?  Yes  No

Do you have dogs that are loose on your property?  Yes  No

### Outdoor Structure

Type of dwelling the cat will live in:  Unheated Barn  Heated Barn  Shop  Garage  
 Other \_\_\_\_\_

Do you currently have other cats that occupy the structure?  Yes  No

If yes, how long have they occupied the structure? \_\_\_\_\_

Describe the structure in which the cat will be housed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can the building be secured to prevent the cat from escaping?  Yes  No

If you previously owned or currently own a pet, who is your veterinarian? \_\_\_\_\_

We would like to offer you a 30 day trial of pet health insurance for your new companion! Insurance activation and policy information may be provided via email, mail and telephone. For this reason, in order to qualify for the offer of insurance, you must allow Pethealth Services (USA) Inc. and PTZ Insurance Agency Ltd access your contact information. After initial acceptance of communication, you may decline in the future. Do you consent to Pethealth Services (USA) Inc. and PTZ Insurance Agency Ltd using your personal information in order to contact you with email, mail and telephone communications (including automated messages and telephone dialing systems), regarding insurance, your pet's microchip, special deals and discounts? If not, please understand that the trial of insurance will not be provided.  Yes  No

**Please read and initial the following statements**

\_\_\_\_\_ I agree to confine my barn cat(s) within the aforementioned structure for the first 2 weeks.

\_\_\_\_\_ I agree that I will not release the barn cat(s) when the weather is wet. (rainy/snowy)

\_\_\_\_\_ I agree to provide food, fresh water, and litter box.

\_\_\_\_\_ I agree to provide canned cat food every day, to encourage the cat(s) remain on my property.

\_\_\_\_\_ I agree to humanely trap the cat(s) for updated vaccinations and rabies shots, when necessary.

\_\_\_\_\_ I understand I must transport my adopted cat in a secure plastic/metal carrier/cage in order for the animal to be released into my care.

\_\_\_\_\_ If, for any reason, I am unable to care for my adopted cat(s), and I am unable to find another responsible and caring home, I agree to return him/her to Longmont Humane Society.

By signing below, I certify that the information I have provided is true. I understand that false information may result in a denied adoption. Longmont Humane Society reserves the right to refuse an adoption for any reason.

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

**For Office Use Only:**

**Cat Name:** Barn Cat

**Person #:** \_\_\_\_\_

**Name & Address Verification – Type** \_\_\_\_\_ **Matches Recorded Address: Y / N** **CCTM:** \_\_\_\_\_

**Adoption approved by:** \_\_\_\_\_

**Counseling Handouts Needed:**

**Barn Cat Handout**

**Other Handouts Needed:**

**Surgery Discharge Instructions - Date of Sx:** \_\_\_\_\_

**Rabies Voucher**

**Microchip Form for the Company** \_\_\_\_\_

**WPC Information**