

<b>Filled out by GHS</b>	Amount Paid: _____	Animal's Name & ID #
Date: _____	_____ Cash _____ Check # _____ _____ Debit/Credit	
	\$ _____	

### Adopter Information

Name	
Street Address	
City	State & Zip
Phone #	
E-mail Address	

<b>Housing</b>	Landlord's Name
	Landlord's Phone #
<input type="checkbox"/> Rent	Are pet's allowed?
<input type="checkbox"/> Own	Length of time at current residence?

### Household Members

How many ADULTS in Household	How many CHILDREN in Household		
Ages:			
Roommate/Spouse's Name:			
Does anyone in the household have allergies to cats or dogs?			
How would you describe your home?			
Zen Garden	Some Activity	Grand Central Station	
I would like my new cat to be: (Circle One)	Companion/Family Pet	Gift for Family	
	Gift for Friend	Barn Cat	
I would like my new cat to be: (Circle One)	Quiet & Calm	Moderate Active	
	Constant Energy		
I would like my new cat to be: (Circle One)	Inside	Outside	Inside/Outside

By my signature below, I authorize Greenbelt Humane Society to contact:

- My veterinarian(s) to check the care provided to previously and/or current pets, and to check the spay/neuter history;
- My landlord to ensure that I have his/her/its permission to keep pets) on the premises; and
- My employer to confirm employment

I certify that the statements made on this application are true and accurate to the best of my knowledge. I understand that false statements by me may lead to the rejection of this application for adoption.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Prior Pet History

List the animals by name that have been part of your family during the last 10 years. Indicate the status of each using the following codes

<b>1-Still with me</b>	<b>3-Gave away</b>	<b>5-Sold</b>
<b>2-Died</b>	<b>4-Lost/ran away</b>	<b>6-Gave to Shelter</b>
Pet's Name	Species	Status
	Cat Dog Other	

Are your current pets:	Yes	No
• Up-to-date on vaccines?	<input type="checkbox"/>	<input type="checkbox"/>
• Spayed or neutered?	<input type="checkbox"/>	<input type="checkbox"/>
• On heartworm preventative?	<input type="checkbox"/>	<input type="checkbox"/>

Veterinarian's Name or Practice
Veterinarian's Phone Number

I need a declawed cat:	I will declaw my cat:			
No Yes Maybe	No Yes Maybe			
Where will this pet spend most of its time?				
crate	indoors	outdoors	garage	basement
Where will pet stay when you are away on vacation?				
Under what circumstances would you have to give up your cat?				
If you plan to move, what will you do with your cat?				

## GHS USE ONLY

ID Check		
Landlord Check		
Vet Check		
Comments		
<input type="checkbox"/> Approved	<input type="checkbox"/> Conditional Approved	<input type="checkbox"/> Denied
By _____	Date _____	