

HISTORIC LEWES CAT SOCIETY

and

THE KITTŶ CLINIC CORNER

P.O. BOX 353 Lewes DE 19958
302) 645-1575 or cell 302) 228-4881
www.historiclewescatsociety.org
email:kitten@historiclewescatsociety.org

KITTEN/CAT ADOPTION APPLICATION

DATE: _____

NOTE:

Please read the application, fill in the blanks (please print), sign and return to the Society at the address listed above. There is an adoption donation fee at the time of adoption. The fee is \$100.00 for a spayed/neutered kitten or cat with all updated shots, defleaed, dewormed and FIV/Leuk tested. The fee is \$75 for a kitten or cat that needs to be spayed/neutered that has been dewormed, defleaed and has had its distemper shot. The kitten will need rabies shot at 16 weeks old. A \$25 Spay/Neuter coupon from The Kitty Clinic will be given with the adoption, The kitten will be tested and has had a Fiv/Leuk test, if the kitten's mother was not tested for Fiv/Leuk. Date for Spaying/Neutering: _____.

Information provided in this application and during any subsequent interviews will remain confidential. The information obtained during the adoption process will not be made available to any other entity nor will it be used, without your permission, to generate mailing or telephone lists.

NAME: _____

SPOUSE/ROOMMATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

TELEPHONE: HOME: _____ CELL: _____

Do you wish to be placed on the Society's mailing List (ONLY) to receive our Newsletters?

Yes, please forward by email U.S.P.S.

No

I am looking for a _____ . If you
get one please call or email me.

Your Veterinarian:

Name: _____

Address: _____

State: _____ ZIP: _____

Telephone: _____ Email: _____

OTHER PETS

How many cats do you have? _____ Male: _____ female: _____ their ages: _____

Have they been spayed/neutered? Yes, they all have been _____ some have _____ none are _____
Have they been declawed?

If you currently have no cats, have you had a cat in the last ten years? Yes _____ No _____

What happened to it? _____

Do you have any dogs? Yes _____ No _____ Breeds & ges: _____

Other pets (please describe)? _____

Do you plan to declaw this cat? _____

HOME:

Do you rent or own your home? Rent _____ Own _____

If you rent, do you have written permission from your landlord? Yes _____ No _____

Landlord's Name: _____

Landlord's Telephone: _____

We will require written permission from your Landlord.

Where will the cat spend its DAYS? Indoors _____ Outdoors _____

Where will the cat spend its NIGHTS? Indoors _____ Outdoors _____

The APPLICANT AGREES if for any reason and at any future time, the adoption proves unacceptable to the Applicant or for any reason the cat cannot be kept or must be removed from the premises, the SOCIETY will be NOTIFIED and the CAT WILL BE RETURNED to the HISTORIC LEWES CAT SOCIETY.. The Society is not liable for illness the cat may come down with after adoption .

The applicant must agree to have the cat/kitten tested for FIV/Leuk if it has not already been done which can be done when the cat is brought to the Clinic for altering, and seen by their vet shortly after adoption. The applicant will have the cat neutered/spayed when of age, and upon proof of that being done, \$25 of the adoption fee of \$75 will be refunded to applicant..

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

ADOPTED: _____ MALE/FEMALE _____ DPOB:: _____

PET'S NAME: _____ ADOPTION FEE \$ _____

Foster Parent: _____ Telephone #: _____

DATE TO BE NEUTERED/SPAYED: _____, other comments: _____

We will make an appointment for you at The Kitty Clinic for the spaying/neutering , if you call us a month prior to this date.

Vivian Barry, Chairman,
Historic Lewes Cat Society