

## Feral Cat Placement Application

Due to the nature of the program, we may not have suitable cats available immediately, but will try to fill your request as soon as possible. We will maintain a waiting list, as the number of cats available as candidates for SCHS Barn Cat Program will fluctuate. Filling out an application is the first step to adopting. A SCHS staff member or volunteer may visit the proposed location to ensure it will provide suitable shelter. When we have Barn Cats for you, you will be asked to sign a Placement Waiver.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Living accommodations (circle): House      Trailer      Apartment

Rent      Own      Other (explain): \_\_\_\_\_

Landlord/Apt Mgr phone: \_\_\_\_\_

Do you live here full-time?      Yes      No

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

What is the size and description of your property: \_\_\_\_\_

Why do you want a barn cat? \_\_\_\_\_

Barn cats must be securely confined for 1 week. Are you prepared to allow this much time?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Who will be responsible for the barn cats' care? \_\_\_\_\_

Who will care for your barn cats if you are away? \_\_\_\_\_

Do you agree to trap and take to a vet a barn cat that becomes ill or injured? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you had pets before? \_\_\_\_\_ Yes \_\_\_\_\_ No

What happened to the pets that are no longer with you? \_\_\_\_\_

I have read the above information carefully and have filled out the application honestly. By signing below, I certify that the information I have given is true. I understand that omission of information and/or failure to answer all questions honestly can result in this application being decline. Also, if an omission, untruth or neglect is discovered after adoption takes placed, I understand that the Sheboygan County Humane Society (SCHS) reserves the right to annul the adoption and reclaim the animal. I give SCHS permission to fully investigate the information provided and related officials. I understand that feral and semi-feral cats can be unpredictable and as a caretaker I will take proper precaution and understand that SCHS cannot be held liable.

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