

10) If a situation arose which no longer allowed you to keep the cat (e.g., allergy, divorce), what would you do with it? _____

11) Does anyone in your household have allergies? ___ Yes ___ No

12) What veterinarian do you plan to use? _____

13) How often do you think a cat should be examined by a vet? _____

14) Are you familiar with the vaccinations a cat needs to have? ___ Yes ___ No

What are they? _____

15) Are you familiar with the rabies law in Pa.? ___ Yes ___ No

What does this law require pet owners to do? _____

16) What would you do with this cat if it were to become sick within the next two weeks?

17) How much money would you estimate a cat's vaccinations and other medical expenses would cost on the average per year? \$ _____

18) Do you feel you are financially capable of providing complete health care to the kitten/cat that you are interested in adopting? ___ Yes ___ No

19) Are you willing to spend the money for that veterinary care? ___ Yes ___ No

20) Where did you hear about this animal shelter? _____

21) Why did you choose this particular kitten/cat to adopt? _____

I certify that the answers I have given on this adoption form are correct and true to the best of my knowledge.

I am fully aware that this kitten/cat is a living creature whose shelter, nutritional and medical care are dependent on me for its lifetime.

If adopting a kitten, I understand that it is my responsibility to have this animal spayed or neutered at 6 months of age.

I agree to comply to LAPS policy of keeping this kitten/cat indoors at all times unless supervised and on a leash.

I also agree to return this kitten/cat to the Lycoming Animal Protection Society if I am no longer able to provide for its proper care or meet the requirements established by this animal shelter.

Signature _____

Date _____