



Coffee County Humane Society
PO BOX 252, Manchester TN 37349
931-728-0903
Facebook: Coffee County Humane Society
WWW.coffeehumane.org

Cat Coordinator: Cindy Emanuel
Phone: 757-876-6984

Cat Adoption Application

Thank you for your decision to adopt a rescued cat/kitten. You are encouraged to look at all the animals available to find one that is best suited for your lifestyle. You must be 18 years or older to fill out this application. THIS ADOPTION IS FOR AN INDOOR CAT/KITTEN ONLY!

Date: _____ Name of Cat/Kitten: _____
Name: _____ Address: _____
City/State/Zip: _____
Phone (H) _____ (C) _____ (W) _____
Email: _____ Employer: _____

To ensure that this adoption is in the best interest of both you, your family and the cat/kitten, please answer all questions

Local reference not living with you: _____ Phone #: _____

Do you rent? Y/N Complex Name or Landlord's Name _____

Landlord Phone # _____ Length at this Address: _____

Names & Ages of Children 18 and under in the home: _____

Name of current Veterinarian _____ Phone # _____

Are you prepared to take on the financial responsibility including veterinary care of the cat/kitten upon adoption? Yes No

Name, age, breed of all animals in the home: _____

What happens to the cat when you are on vacation or leave town? _____

Are these other pets spayed/neutered? Yes No If no, reason: _____

If you move, do you plan to take the cat/kitten with you? Yes No If no, reason: _____

Do all members of your household agree upon cat/kitten ownership? Yes No If no, reason: _____

Are you prepared for common cat/kitten issues... such as; destructive clawing, litter box accidents, and other minor issues that arise:
Yes No If no, reason _____

I agree to keep this cat/kitten as in indoor only and will not declaw. Initials _____