



LONGMONT HUMANE SOCIETY

PETS AND PEOPLE PROFILE (BARN/FERAL CATS)



So that we may be assured that the cat you wish to adopt is best suited to you, your home, and your lifestyle and is placed in an environment that is compatible with his/her needs, we ask that you complete this profile.

Guardian Information					
Date	Name	Driver's License #		DOB	
Address			City, State		Zip
Mailing Address			City, State		Zip
Home Phone		Employer		Occupation	Work Phone
E-mail Address		Type of Dwelling			
		<input type="checkbox"/> Unheated Barn	<input type="checkbox"/> Loafing Shed	<input type="checkbox"/> Heated Barn	<input type="checkbox"/> Other
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Landlord's Name and Phone #			
Rate the level of activity in your barn:					
Very quiet	1	2	3	4	5
					Very active

How did you learn about Longmont Humane Society? (please be specific)
How did you learn about this particular animal? (if applicable)

Household Information (Please name all current members, giving the ages of all children.)		
Names of Adults	Names of Children	Ages of Children

Current Animals in Facility					
Pet's Name	Type/Breed	Male/ Female	Age	Spayed/Neutered (yes/no)	Time lived in home

Please give a description of your property: _____

Please describe the structure where the cat(s) will be housed. _____

How far from traffic is the structure located? _____

What is the speed limit? _____

What is the volume of traffic on this road: light medium heavy

Do you currently have other cats that share this facility? Yes No

Do you have dogs that will be running loose in this area? Yes No

If so, what provisions will be made for the safety of the cats from wildlife, dogs, etc? _____

If you currently have a pet, who is your veterinarian? _____

Do you plan on having these cats vaccinated regularly? Yes No

Are you planning on having the cat declawed? Yes No

I want to adopt a pet at this time because _____

If you move, will the cats be moved with you? Yes No Depends



HELP US HELP YOU FIND THE CAT BEST SUITED TO YOU, YOUR HOME AND YOUR LIFESTYLE.

Type of pet desired					
Breed/Type Desired:					
Age:	<input type="checkbox"/> Under 4 Months	<input type="checkbox"/> 4 mos. – 1 year	<input type="checkbox"/> 1 year – 10 years	<input type="checkbox"/> 10+ years	<input type="checkbox"/> Doesn't Matter
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Doesn't Matter		
Coat Type:	<input type="checkbox"/> Short	<input type="checkbox"/> Medium	<input type="checkbox"/> Long	<input type="checkbox"/> Doesn't Matter	

Who will be your cat's primary caretaker? _____

How will your cat be cared for while you are away from home for an extended period of time?

Please read and initial the following:

___ I understand that approximately 25% of all outdoor placement cats will leave, even if I follow all the guidelines listed below.

___ I agree to provide food and water daily.

___ I agree to humanely trap the cats for updated rabies shots.

General guidelines:

1. When first introducing an outdoor cat, it is best to confine them with food, water and a litter box for 10-21 days, preferably in the building you would like them to live in. If the cat cannot run free in the building, then confining the cat to a large dog crate will be necessary.
2. If the cat is being confined in a crate during winter, a blanket over the top or hay inside the kennel for warmth is essential. If the cat is being confined during the summer, extra water may be provided and adequate ventilation should be ensured to avoid overheating.
3. In general, adopting two cats at the same time is better than adopting one.
4. To help prevent the cat from leaving, offering canned food for the first three weeks then tapering off is suggested.

I certify that the information I have given is true and I understand that false information may result in the nullification of this adoption. Longmont Humane Society reserves the right to refuse an adoption. This completed form is the property of the Longmont Humane Society and is not to be removed from the premises.

Signature _____

Would you like to make a donation to help the homeless pets at the Longmont Humane Society? Yes I would like to contribute \$ _____. No



STAFF NOTES

Reviewed: Date: _____ Staff Name: _____ Flag checked?

Animal Name: _____ Number: _____ Breed/Sex: _____

Hold: 1st 2nd From: _____ To: _____ Time: _____

Reason for Hold: 1st Hold LLA Verify Address Need ID
 Blood/Health Tests S/N Other _____

Reviewed: Date: _____ Staff Name: _____ Flag checked?

Animal Name: _____ Number: _____ Breed/Sex: _____

Hold: 1st 2nd From: _____ To: _____ Time: _____

Reason for Hold: 1st Hold LLA Verify Address Need ID
 Blood/Health Tests S/N Other _____

Comments: _____

Adoption Return: Exchange OK Date: _____

Reason for Return: _____

Denied Date: _____ Staff Name: _____

Comments: _____
