



KLASSY KATS OF BUTTS COUNTY CORP FERAL Cat Adoption Application

PERSONAL INFORMATION REQUIRED	
Applicant Full Name (and nickname)	Age:
Co-Applicant Full Name (and nickname)	Age:
Physical Address	
City, State, Zip Code	
Mailing Address if different than physical	
County	
Drivers License Number and State	
Home Phone Number	
Phone Numbers - Home/Cell. Best Time to Call.	
Cell Phone (Applicant and Co-Applicant)	
Email Address	
Your Employer	
Your Occupation and Job Title	
How long at current job?	
Name, phone number, relationship and address for an Emergency Contact:	
REFERENCES: (Please provide 2 references that are not related to you or your co-applicant)	
Reference Name #1	
Reference Phone Number #1	
Reference Complete Address #1	
Reference Relationship to You #1	
Reference Years Known #1	
Veterinarian Name	
**** Please call your vet upon submission of this application in order to release information to Klassy Kats for reference	
Pet(s) Name(s) for Reference	
Veterinarian Address	
Veterinarian Phone Number	
YOU AND YOUR HOME:	
How large is your land area (approximate acreage)?	



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FERAL Cat Adoption Application

Table with 2 columns and 6 rows containing questions about property ownership, outdoor areas, shelters, other animals, feeding barn cats, and adoption preferences.

PLEASE READ AND INITIAL EACH STATEMENT BELOW:

By initialing the "I understand" or the "I agree" checkbox beside each question or statement below, you are agreeing to the terms of this adoption, and this contract becomes binding in the terms and conditions below:

All adoptees are rescued cats/kittens usually from Butts County Animal Control, or on occasion surrendered to Klassy Kats of Butts County. Klassy Kats of Butts County works towards socialization to the best of our ability but not all cats are adoptable as "house cats", and therefore are being marketed under our Barn Kitty Program. I understand and agree that neither Klassy Kats of Butts County Corp, nor any person or entity associated with, or working with, or on behalf of , or is an agent of Klassy Kats of Butts County Corp, is liable for any injury(s), illness or damages that may result from my/our adoption of any cat or kitten.

I agree: []
I DO NOT agree: []



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I also understand and agree that every effort has been made to insure the cat/kitten is healthy and all available medical information will be provided at the time of final adoption.

I agree:
I DO NOT agree:

Cats/kittens will be spayed or neutered, and receive age appropriate vaccines prior to adoption.

I understand:
I DO NOT understand:

Klassy Kats of Butts County Corp is not responsible for future medical needs including but not limited to routine vaccinations, internal parasites, fleas, ticks, ringworm, or upper respiratory infections, or other medical problems.

I understand:
I DO NOT understand:

I understand and agree that surgical removal of the adopted cat/kitten's toes or "DE-CLAWING" IS NOT PERMITTED and I agree that the adopted cat/kitten will NOT BE DE-CLAWED after adoption from Klassy Kats of Butts County Corp.

I agree:
I DO NOT agree:

Both the Applicant, and Co-Applicant are in agreement (if applicable) are in agreement, are 21 years of age or older, and understand the adoption process in accordance with Klassy Kats of Butts County adoption policies:

I agree:
I DO NOT agree:

I understand and agree to, if for any reason at all, I have to give up the cat that I am adopting, I am to notify Klassy Kats of Butts County to relinquish the cat back into their care immediately.

I agree:
I DO NOT agree:

I understand and agree that I assume full responsibility for the welfare of this cat from the date of adoption, and will sign the adoption agreement at the time of adoption is finalized.

I agree:
I DO NOT agree:

I understand and agree that falsely answering questions or providing inaccurate information on this adoption application is grounds for immediate denial of my application.

I agree:
I DO NOT agree:

Klassy Kats of Butts County Corp reserves the right to refuse ANY applicant.

Signature Date Printed Name