

Barn Cat Program Application

Thank you for considering adoption from the Iowa City Animal Care & Adoption Center

The Iowa City Animal Care and Adoption Center has assumed responsibility for the welfare of every animal that enters our facility. Our purpose is to place an animal in a responsible home for the rest of its life. This must be a barn where it will receive appropriate care, humane treatment and necessary veterinary care and where it will not add to the surplus of animals already in the community.

We have formulated this application to assist our staff in the careful selection of placements for our barn cats. Only adults of legal age are eligible to adopt from the Center. All members of household must meet the animal before this application may be considered.

WE RESERVE THE RIGHT TO REFUSE ANY ADOPTION

Date _____ Time _____

Name _____ Address _____ City _____

State _____ Zip _____ Phone () _____ Phone () _____

Are you 18 years or older? _____ E-mail Address _____

Do you own your residence/land? _____

If no, what is the landlord's Name _____ Phone () _____

Do you reside on the property? _____

Have you ever adopted an animal from the Iowa City Animal Center before? _____

Have you ever been refused adoption of an animal from the Center? _____ If yes, please explain _____

1. Why do you want to adopt barn cats? _____

2. How many barn cats would you like? _____

Most cats are feral (wild) but some are somewhat friendly or getting that way. Friendly cats will want to be with you, will follow you around and likely try to come into your home. Feral cats are strong mousers that will keep to themselves.

3. What personality type are you looking for? Feral Friendly Doesn't matter

4. Will you be willing to acclimate the cat(s) in a cage or enclosed room for a minimum of 2 weeks, with fresh food, litter and water daily? _____

5. Which member of your household will hold primary responsibility for the animal's

Veterinary Care: _____ Feeding: _____

6. What type(s) of animals do you own or have you owned during the past 5 years?

TYPE/BREED	KEPT WHERE	AGE	SPAYED/NEUTERED	SEX	STILL OWN	IF NO, WHY NOT?	LICENSE?	NAME
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			

7. If you have animals now or have had them in the past, who is (was) your veterinarian? _____
 _____ Phone () _____

8. What vaccinations has your animal had in the past year? _____

9. When was your animal's last visit to a veterinarian? _____ Reason? _____

10. If you move in the future, what will you do with your animal(s)? _____

11. What type of building will the cat(s) be housed in during acclimation and after release? _____
12. Do you understand that state laws and/or local ordinances require regular vaccinating, leashing, and licensing of companion animals? _____ Do you agree to do these things? _____
 Have you ever been involved with an Animal Control Department? Yes _____ No _____
 If yes, what were the circumstances? _____

13. What type of identification do you plan to place on your cat? _____
14. Do you feel that domestic animals should be spayed/neutered? _____
15. Do you plan to let your cat have kittens? Yes _____ No _____
 If yes, why? _____
16. How did you learn about the Iowa City Animal Care and Adoption Center? _____

By signing below, I certify that the information I have given is true. **I recognize that any misrepresentation of facts may result in my losing the privilege of adopting or keeping an adopted animal.** I understand The Iowa City Animal Care and Adoption Center has the right to deny my request to adopt an animal. I understand they will not “hold” an animal for me if my application is incomplete and other applicants may meet all criteria. I authorize investigation of all statements in this application. I understand that this application is the property of The Iowa City Animal Care and Adoption Center.

Signature _____ Date _____

FOR OFFICE USE ONLY

Applicant interview Date _____ By _____

Recommendation: _____

