

**TANGIPAHOA PARISH
ANIMAL CONTROL**

DOES NOT

**GUARANTEE THE HEALTH,
TEMPERAMENT, BEHAVIOR,
OR FUTURE SIZE OF ANY
ADOPTED ANIMAL.**

Although we screen animals for signs of ill health, behavioral problems, and can make some predictions regarding future size, unforeseen and undetected problems may arise after adoption.

We will always take the animal back, however the adopter is responsible for any fees, including veterinary expenses, incurred after adopting other than those included in the adoption fee.

Exchange for other animals is determined on case-by-case basis

**THE ADOPTION FEE IS NOT
REFUNDABLE**

I hereby acknowledge that I have read the above, understand and accept the terms and conditions.

Signature _____

Date _____

ATTENTION: ANY OTHER MEDICAL PROBLEM FOUND AT THE VET WHEN THE ANIMAL IS BEING SPAYED OR NEUTERED IS THE RESPONSIBILITY OF THE ADOPTER, NOT TANGIPAHOA PARISH ANIMAL CONTROL.



Tangipahoa Parish Animal Control Cat Adopter Profile

Thank you for filling out this form completely.
This information helps us to find the best pet for you.

To adopt one of our pets, you **MUST**:

1. Be at least 18 years of age
2. Have current identification showing your age & current address
3. Pay an adoption fee of \$60.00 for cats/kittens. **ADOPTION FEES ARE NOT REFUNDABLE. ADOPTED ANIMALS CAN BE RETURNED, BUT EXCHANGE FOR ANOTHER ANIMAL IS CONSIDERED ONLY UNDER CERTAIN CONDITIONS AND IS NOT AUTOMATIC.**
4. Understand that Tangipahoa Parish Animal Control has the right to deny any adoption. **OUR GOAL IS TO ENSURE THAT THE ADOPTION IS IN THE BEST INTEREST OF THE ANIMAL.**
5. Understand that the adoption contract you will sign is a legally binding contract, with specific responsibilities and penalties for non-compliance. By signing it, you are giving your legal word that you will comply with the terms of the contract.

ADOPTER INFORMATION

NAME:		DATE:	
ADDRESS:		CITY:	STATE: ZIP:
DAYTIME PHONE:	EVENING PHONE:	CELL/PAGER:	

BACKGROUND INFORMATION

Adopting a cat brings with it a lot of responsibility, including annual veterinarian visits, vaccinations, and possible emergency care. This is more expensive than many people realize. How much do you have budgeted for the care and feeding of your new cat? \$ _____. Are you prepared to assume the financial responsibilities for your new cat? Yes No

I currently own House Condo Trailer For how long? _____
 I currently rent House Condo Trailer Apartment

Have you confirmed with your Landlord that you can have a pet. <input type="checkbox"/> Yes <input type="checkbox"/> No

I currently live with family or friends House Condo Trailer Apartment Campus Housing

Have You confirmed with your family or friends that you can have a Pet. <input type="checkbox"/> Yes <input type="checkbox"/> No
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PLEASE LIST THE CATS THAT YOU CURRENTLY LIVE WITH OR HAVE LIVED WITH IN YOUR ADULT LIFE:

Name	Type/Breed	Spayed/Neutered?	Had how long?	Still own?	If not, why?

I ALSO CURRENTLY LIVE WITH:

- Other Adults How many? _____ Ages? _____
 - Children How many? _____ Ages? _____
 - Dogs How many? _____
 - Other Animals Describe: _____
- Indoors Outside Both

LIFE AT YOUR HOME

How would you describe your household:

- Quiet/Serene
- Some Activity
- Moderately active
- Hectic/very active

Where will your new cat live?

- Both indoors & outdoors
- Indoors
- Outdoors
- At a barn or shop

During a typical day, when left alone, where will your new cat be kept?

How many hours a day will your cat be left alone?	Where will your cat sleep at night?
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Cats need to scratch/claw on things. In a shelter environment, it is difficult for us to determine if a cat claws inappropriately. If your cat will be allowed inside your house, will you be able to tolerate clawing furniture/other items?

- Yes No

Declawing is the amputation of the cat's toes to the first joint. It is major surgery. Like other amputees, declawed cats can have lingering pain/sensitivity after the amputation. They may experience "phantom pain" (pain in the absent body part). Declawing is permanent & not reversible. Most declawed cats adjust, but some develop problems, such as no longer using the litter-box or biting. Are you planning to declaw your new cat?

- Yes No

If you plan to declaw your cat, what will you do if the cat begins biting or stops using the litter-box?

- Give cat away
- Return cat to shelter
- Make cat stay outside
- Punish the cat

YOUR NEW CAT: OTHER TRAITS

What Type of Cat Do You Imagine Yourself Adopting? <input type="checkbox"/> Quiet & Calm <input type="checkbox"/> Moderately Active <input type="checkbox"/> Playful & Busy <input type="checkbox"/> A Live Wire	What Role Would You Like Your New Cat to Play in Your Life (check all that apply)? <input type="checkbox"/> Companion/family pet <input type="checkbox"/> Children's playmate <input type="checkbox"/> Mouser/barn cat <input type="checkbox"/> Other _____
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STERILIZATION PROVISIONS

By adopting an animal from TPAC and signing the Adoption & Sterilization Contract, you agree to have the animal spayed or neutered on or before the contract date specified as "Expiration Date." Extension or voiding of the "Expiration Date" are granted **IF AND ONLY IF** a veterinary medical reason exists which necessitates an extension or voiding. Such a reason must be rendered by a licensed veterinarian and conveyed to Tangipahoa Parish Animal Control. If the animal is a fertile adult female, it may be pregnant — pregnancy alone does not extend the expiration time stated on the Adoption & Sterilization Contract. In absence of other extenuating circumstances, the participating veterinarian will spay the animal by the time specified. If the animal is too young to be spayed at the time of adoption and becomes pregnant in the interim period, the animal must still be spayed in accordance with the Adoption & Sterilization Contract. **The Adoption & Sterilization Contract is a legally binding document in accordance with Louisiana Revised Statute 3:2472, which mandates sterilization for all animals adopted from shelters.**

I certify that I have read and that I understand the information above. I certify that information provided by me is true and I understand that false information may result in the nullification of this adoption. TPAC reserves the right to refuse an adoption. This completed application is the property of Tangipahoa Parish Animal Control.

Adopter's Signature: _____

Adopter's Printed Name: _____

TPAC STAFF USE ONLY	
Staff Member who Handled adoption _____	Staff Comments:

