



**Barn Cat Adoption Application**

Barn Cat's Name: \_\_\_\_\_ Date: \_\_\_\_\_

For a cat not suited to household living, barn life might be his/her best option for receiving adequate food and shelter. If you have barns or outbuildings, your property might be the perfect place for these semi-socialized cats. They thrive in an outdoor environment but need the same basic care as a house cat, and some may become more socialized with patience and understanding.

**Personal Information – Include any former last names on the application**

Name (first, middle, last – include former names as well): \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**Email (required for microchip registration):** \_\_\_\_\_

**Household Information**

How many adults live in the home? \_\_\_\_\_

**Full Name & Birthdate** of each additional adult in the home: \_\_\_\_\_

How many children live in the home? \_\_\_\_\_

What are the ages of the children? \_\_\_\_\_

What type of dwelling do you live in? (Circle One) House Apartment Mobile Home Farm

Do you rent or own your home? (Circle One) Rent Own Land Contract

If you rent or have a land contract, please provide your landlord's name and phone number: \_\_\_\_\_



**Pet Ownership in the Past 5 Years (please add an additional page if necessary):**

Name of Pet	Breed/Species	Age	Sex	Indoor/Outdoor/Both	Altered
_____	_____	_____	M F	_____	_____
_____	_____	_____	M F	_____	_____
_____	_____	_____	M F	_____	_____
_____	_____	_____	M F	_____	_____

If you no longer have the pet(s) listed above, please explain why: \_\_\_\_\_

Which veterinarian did you use for pets you have owned in the past? By providing this information, you are giving us permission to access your past vet records.

Vet Clinic: \_\_\_\_\_

Address & Phone Number: \_\_\_\_\_

Owner's Name on Vet Records: \_\_\_\_\_

Name of Pets Seen by Vet: \_\_\_\_\_

Do you have any concerns regarding the cat you are adopting? \_\_\_\_\_

Type of shelter the cat will have access to:    Barn                      Shop/Garage                      Cat House

Please describe the shelter provided: \_\_\_\_\_

Are the animals on the property comfortable/friendly with cats? \_\_\_\_\_

Do you have the needed supplies/room to keep the cat confined for up to three weeks until it acclimates to the area (please provide more detail)? \_\_\_\_\_



## Adoption Contract

**Please initial each line item to verify your understanding of the adoption contract.**

\_\_\_\_\_ LCHS cannot guarantee the health or temperament of any animal.

\_\_\_\_\_ I am responsible for this animal after the point of adoption; **LCHS will not provide financial support or supplies for any expenses.** Including, but not limited to, food, licensing, medications, medical treatments.

\_\_\_\_\_ This animal must be returned to LCHS if I am no longer able to keep it. Animals that are euthanized by the owner are not required to be returned to LCHS.

\_\_\_\_\_ LCHS representatives have the right to verify the condition of the animal and request relinquishment if the terms of this contract have not been met.

\_\_\_\_\_ LCHS will refund the adoption fee if the animal is returned within 14 days.

\_\_\_\_\_ The animal I have adopted will be provided with proper food, water, shelter, attention, and medical care. Vaccinations will need to be updated annually for dogs and cats at my own veterinarian. Dogs should be licensed through the appropriate county every year. I accept full responsibility for any fees or penalties that could result from failure to vaccinate my pet against the rabies virus.

\_\_\_\_\_ I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in losing the privilege of adopting a pet. I understand that the LCHS has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application.

\_\_\_\_\_ I understand that if my application is approved, I must adopt the animal within 48 hours.

\_\_\_\_\_ LCHS can update the microchip registration through 24PetWatch. I am responsible for any fees if I update the microchip through any other organization or company.

\_\_\_\_\_ I agree to fully comply with any required boosters or surgeries scheduled with LCHS. Failure to comply may result in forfeiture of the adoption and the animal being returned to LCHS.

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**Adoption Statement:** In adopting the above described animal, I do so with the knowledge that I agree to return this animal upon demand by the Lincoln County Humane Society. The Lincoln County Humane Society does not make any guarantee regarding any animal.

Name (PRINT): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Lincoln County Humane Society**  
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