



Humane Society of the Palouse Barn Buddy Application

FOR OFFICE STAFF ONLY

Cat information: HSOP # _____

Cats name: _____

Sex: _____ Age: _____

Breed: _____

Description: _____

Adopter(s) _____

Address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Phone number: Primary _____ Work _____

E-mail: _____

Housing (circle all that apply): own / rent / live with parents
house/ condo / apt / mobile on leased land/mobile on owned land

Landlord name: _____ phone #: _____

If not homeowner, do you know the rules regarding outdoor pets? _____ Do you have permission for an outdoor pet? _____

Have you owned barn cats before? _____

Describe the shelter in which the cat(s) will live and/or have access to at all times _____

_____.

Barn cats must be securely confined in a barn or other structure for a minimum of 2-4 weeks. Are you prepared to allow this much time for the cat to acclimate? _____.

Are you able and willing to provide fresh food and water daily? _____.

Are you able and willing to provide proper medical care (vaccinations, flea treatment, etc) _____.

Do you currently own any cats who are indoor/outdoor or strictly outdoor? _____ Are they current on vaccinations? _____ Are they all spayed or neutered? _____

How did you hear about the Humane Society of the Palouse? _____

How did you hear about the Barn Buddy Program? _____

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS APPLICATION AND AGREE THAT ALL INFORMATION THAT HAS BEEN PROVIDED BY MYSELF, THE ADOPTER, IS TRUE.

Signature _____ **Date** _____

Application approved by _____	Date _____
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