SPCA *of*

Anne Arundel County

**SPCA Contact Information**

Email: [adoption@aacspca.org](mailto:adoption@aacspca.org)

FAX: (410)268-8027

1815 Bay Ridge Ave

Annapolis, MD 21403

# Date: \_\_\_\_\_\_\_\_\_

# Working Cat Application

## Applicant Information

Full Name: Driver’s License #:

*Last First M.I.*

Address:

*Street Name Apartment/Unit #*

*City State Zip Code*

Phone: Email:

Will your cat reside at your residence or business?  Home/Residence  Business  Barn/Stable

|  |
| --- |
| **If the cat will reside at your place of business, please provide business name and complete address:** |
| Business Name:  Business Street Address: |
|  |

City: State: Zip Code: County:

Do you own or rent the residence/business?  I rent  I own

If renting, list owner’s name: Phone number:

Who will be responsible for the care of the cat once the lease has completed?

Please describe the property/building where the cat(s) will live, including the structure where they will be acclimated/permanently housed *(If the structure is not secure and escape-proof enough for the*

***REQUIRED*** *3-4 week acclimation period, a large dog crate or similar cage may be used):*

How far is the property located from the main road?

What other types of animals reside on the property?

Is there a protected/warm area for outdoor animals during winter? Yes No Partially

Please tell us why you are looking to give a home to a working cat:

How many cats are you able to accommodate?  1 Cat  2 Cats 3 Cats 4+ Cats

What types of cat(s) are you looking for your barn/place of business? (We will do our best to find the best match.)

Feral Semi-Feral Friendly (may still have some behavioral issues)

|  |
| --- |
| Are you willing to provide outdoor cats with fresh food/ water daily? Yes No  Do you agree to trap and provide medical care should the cat become ill/injured? Yes No  Are you willing to let a member of AACSPCA visit your home by appointment? Yes No  Have you ever had a working cat before? If yes how many, how long did you have them, and what happened to them? |
|  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that providing false information can and will void my application. I authorize AACSPCA to verify the provided information. I also understand that the AACSPCA reserves the right to deny my application.

Print Name: Date:

Signature: Date: