



BARN CAT ADOPTION APPLICATION (All fields required, unless noted)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Preferred contact method: Phone Email

Email Address (used for Chip ID): _____

Yes, I want to subscribe to CHA's: Newsletters & Appeals Event Notifications Urgent Need Alerts

Where did you hear about our barn cats? Shelter Visit Friend Facebook Instagram TikTok X

CHA Newsletter CHA Website Petfinder Adopt-a-Pet Other, list: _____

The Barn Cat You Want to Adopt

How many barn cats would you like to adopt? 1 2 3 Other, Specify: _____

Type of Barn Cat: Feral Semi-feral No preference

Reason for Adopting: _____

About Your Home

Ownership: Own Rent Parent Owns Parent Rents Other, Specify: _____

Type: House Multi-unit House Apt/Condo Mobile Home Other, Specify: _____

If Renting, Landlord's Name: _____ Phone: _____

Do you have their approval to adopt barn cats? Yes No, Explain: _____

NOTE: If applying with an ESA, please send a copy of the ESA letter with your application.

How many moves in the past 5 years? _____ Length at current address? _____

Plans For Your New Barn Cat

Describe their shelter: Enclosed Heated Other, Specify: _____

Will you allow at least a 4-month adjustment period in a secure location? Yes No

Will you provide clean water daily and food as needed? Yes No

Will you provide provisions in the event of extreme weather? Yes No

Will you trap your barn cat and take it to the vet if it's severely ill or injured? Yes No

Are you able to afford all the necessary expenses for your barn cat? Yes No

What will you do with the barn cats if you move? _____

If the cat needs to be rehomed (for any reason), will you contact CHA first? Yes No

Your Pet History

Do you and your household members have experience owning barn cats? Yes No

Do you have experience being a primary caregiver for a barn cat? Yes No

Have you ever surrendered, given away, or returned an animal? Yes No

Current Pets (List any additional pets)

Do you have pets? Yes No

Do you have other animals? Yes No

Pet's Name	Species/Breed	Age	Years Owned	Gender	Spayed/Neutered?	Vaccines up to date?
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are any of your current pets or other animals a risk to a barn cat? Yes No

If yes, what protections will you provide: _____

Current vet clinic: _____

Previous vet clinics: _____

Okay to verify vet records? No Yes, name records are under: _____

Personal References (Three NON-FAMILY references MUST be provided)

Reference's Name	Phone	Relationship to You

Terms & Conditions—Read Carefully

- Chequamegon Humane Association (CHA) does not discriminate based on protected characteristics.
- CHA reserves the right to deny any adoption application without explanation.
- Approval doesn't guarantee placement. Placements prioritize animals' best fit, not first-come, first-served.
- All information provided in this application is true, accurate, and not misleading.
- CHA may contact any references listed, including veterinarians and landlords.
- CHA cannot guarantee the long-term health or temperament of any animal.
- Incomplete forms will not be processed. Contact CHA staff if you need help completing the form.

By signing below, you confirm that you have read, understood, and agree to the above terms. *Note: Unsigned applications will not be processed. If using the fillable PDF, you must electronically sign.*

Signature: _____ Date: _____

Next Steps in the Adoption Process

1. If you currently or previously use **Willow Animal Hospital (Ashland)** or **Grand Ave Vet Clinic (Duluth)**, please call the clinic directly to authorize the release of your vet records to CHA. We cannot process your application without these records.
2. Please allow up to 2-3 business days for processing. We read every form with care.
3. **It is your responsibility to follow up!** After 48 hours, call us at 715-682-9744 to check your application status. We do not provide application updates (including approvals, incomplete, or denials).

DELIVER SIGNED FORM:

To the shelter, Mail to PO Box 93, Ashland, WI 54806, or Email to CHAadopt@yahoo.com

Additional Information (Full explanations, further details, etc.)

END