

5055 Hallowing Point Road
Prince Frederick, MD 20678
410-535-7387

Dave McDowell
Director, Department of Public Safety
April Coleman
Deputy Director of Animal Services



Board of Commissioners
Mark C. Cox Sr.
Catherine M. Grasso
Earl F. Hance
Mike Hart
Todd Ireland

Linda's Working Cat Adoption Application

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Zip Code: _____ County: _____ Email: _____

Home Phone: _____ Mobile Phone: _____

Will the cat reside at your home or at a place of business? Please Explain, _____

Do you own or rent? OWN RENT

Renters only:

Has the property owner given you permission to adopt a working cat? YES NO

Please provide landlord contact information: _____

Who will take responsibility of the cat(s) after your lease expires?

Business Owners Only:

Business Name: _____

Business Address: _____ City: _____

Zip Code: _____ County: _____ Phone Number: _____

Mailing Address: 175 Main Street, Prince Frederick, Maryland 20678
Maryland Relay for Impaired Hearing or Speech: 1-800-735-2258

How absent are you from the property? _____

Have you owned a working cat before? YES NO

Why do you want a working cat? _____

How many cats would you like to adopt? _____

Please describe the property and shelter where the cat(s) will live? _____

Is the property/shelter heated? _____

How large is the property? _____

Do other animals reside on the property? If so, what type? _____

Please describe where the cat(s) will be located during the 3-4 week acclimation period?

Is there anything else you would like us to know or would like to discuss? _____

I certify that all information provided is true and understand that false information may nullify this application and I authorize the Linda L. Kelley Animal Shelter to verify the above information. I understand that this questionnaire becomes a part of the adoption contract. I, as well as the individuals with me, fully assume all the risks involved with interacting with an animal. I, as well as the individuals with me, agree to follow the rules and safety instructions as given by LLKAS employees and volunteers authorized to act in a supervisory capacity.

Signature _____ Date [Click or tap to enter a date.](#)