



FELINE ADOPTION APPLICATION

| Applicant Information | | | |
|--|--|---|--|
| Name: | | Driver's license number: | |
| Address: | | State: | |
| City: | | State: | |
| Telephone numbers: Home: | | Zip: | |
| E-mail Address: | | Work: | |
| Are you presently: Employed | | Cell: | |
| Employer: | | Date of Birth: | |
| Number of People in Household: | | Unemployed Retired Student | |
| If children are in the household, please list ages: | | Are you or any member of your family allergic to pets: Yes No | |
| Have you been tested: Yes No | | | |
| Co-Applicant Information | | | |
| Name: | | Relationship: | |
| Telephone numbers: Home: | | Cell: | |
| E-mail Address: | | Date of Birth: | |
| Are you presently: Employed | | Unemployed Retired Student | |
| Employer: | | | |
| General Information | | | |
| Type of residence: House Apartment Condo Mobile Home Farm/Barn Living with someone | | | |
| If rental, are cats allowed?: Yes No | | Size Restrictions? Yes No | |
| Max. Size: | | | |
| Complex name/address: | | | |
| Manager/Landlord: | | Phone number: | |
| Current housing location: City Limits Outside City Limits | | | |
| Type of street: Very busy road Slight traffic Residential area Country road | | Speed limit: | |
| Where will cat live? Inside only Outside only Mostly inside Mostly outside | | | |
| Where will the cat spend nights? Inside Outside | | | |
| Will you allow the cat to run loose? Yes No | | If Yes, where? | |
| How many hours per day will the cat be alone? | | Where will the cat stay when left alone? | |

| | |
|---|--|
| Describe the activity level in your home: | Busy (visits by friends, meetings, children, parties at home) Noisy (TV, stereo, machinery, tools, children playing, dogs barking) Moderate (normal comings and goings) Quiet (homebodies, few guests) Other (specify) |
| In the absence of the primary caregiver, who will care for the cat? | |

| | | | | |
|---|--------------------|------------------------|--|--------------------------|
| Under what circumstances would you return the cat to us? New Job Divorce New Baby Move Illness Never | | | | |
| How did you hear about HSSCM? Newspaper TV Radio Petfinder.com Friend Website Mobile event Other | | | | |
| Will you allow a representative to visit your home? | | | Best time: | |
| Are you willing to take responsibility if this pet acquires an illness? Yes No | | | | |
| Are you willing and able to pay the veterinary costs of caring for your new pet? Yes No | | | | |
| Do you consider your cat a part of the family? Yes No | | | Do you plan to declaw your cat? Yes No | |
| How much time are you prepared to allow for your new pet to adjust to your home? | | | | |
| Pet Information | | | | |
| Have you had pets in the last five years? Yes No | | | If yes, complete the following chart | |
| <i>Name of Pet; Type of Pet</i> | <i>Years Owned</i> | <i>Spayed/Neutered</i> | <i>Inside/Outside</i> | <i>Where is Pet Now?</i> |
| | | Yes No | Inside Outside | |
| | | Yes No | Inside Outside | |
| | | Yes No | Inside Outside | |
| | | Yes No | Inside Outside | |
| | | Yes No | Inside Outside | |
| Current or past vet name of clinic: | | | Phone: | |
| Will you slowly introduce cat to other pets in your home? Yes No | | | Will you vaccinate your cat every year? | |
| Are you aware that a cat is a large and lifelong commitment? Yes No | | | | |
| Personal References | | | | |
| #1 Name | #1 Phone | #1 Relationship | | |
| #2 Name | # 2 Phone | #2 Relationship | | |
| I CERTIFY THAT THE ABOVE IS TRUE AND UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION. | | | | |
| I understand that this questionnaire remains the property of the Humane Society. | | | | |
| (Over 18 years) Signature: _____ Date: _____ | | | | |
| Please return this form to the adoption desk so that we may review it with you | | | | |
| ****OFFICE USE ONLY**** | | | | |
| Approved by _____ | | Date _____ | | |
| Issues discussed _____ | | Date _____ | | |
| Denied by _____ | | Date _____ | | |
| Reason for denial _____ | | | | |