



FELINE ADOPTION APPLICATION

Applicant Information			
Name:		Driver's license number:	State:
Address:			
City:		State:	Zip:
Telephone numbers: Home:		Work:	Cell:
E-mail Address:			Date of Birth:
Are you presently: Employed Employer:			Unemployed Retired Student
Number of People in Household:		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:		Work:	Cell:
E-mail Address:			Date of Birth:
Are you presently: Employed Employer:			Unemployed Retired Student
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 _____				