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

Name of Pet; Type of Pet	Years Owned	Spayed/Neutered			Inside/Outside			Where is Pet Now?
		☐	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_____
Denied by_____Date_____
Reason for denial_____