



## CAT ADOPTION APPLICATION

Today's Date: \_\_\_\_\_

Cat's Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I am ( ) 21-30 years years ( ) 30-50 years ( ) 50-60 years ( ) 60-70 years ( ) 70 years plus

Occupation: \_\_\_\_\_

1. Do you: ( ) own, ( ) rent, ( ) live with friends/family? How long at address? \_\_\_\_\_

2. Is it a: ( ) house, ( ) apartment, ( ) mobile home Do you have a fenced in yard? ( ) Yes ( ) NO

3. If you rent, Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does the landlord allow pets? ( ) Yes ( ) No

Staff notes: \_\_\_\_\_

4. Who will be responsible for the cat's care? \_\_\_\_\_

5. How many children visit the home often? \_\_\_\_\_ Ages: \_\_\_\_\_

6. Who will be responsible for this pet's care? \_\_\_\_\_ Ages: \_\_\_\_\_

7. Why do you want a cat? ( ) Companion ( ) Mouser ( ) Barn Cat ( ) Companion for other cat ( ) Other(specify): \_\_\_\_\_

8. Where will your cat live? ( ) Indoor ( ) Outdoor ( ) Indoor/Outdoor

9. Are you willing to litter train the cat if necessary? \_\_\_\_\_

10. What will you do if the cat claws furniture or stops using the litter pan?

\_\_\_\_\_

\_\_\_\_\_



12. Do you agree to give your newly adopted cat a minimum of 3 weeks to decompress and adjust to its new surroundings before returning it to the shelter if you think it is not the right fit?

13. Are you willing to provide care and make a commitment for the lifetime of the cat (10-20 years)? \_\_\_\_\_

14. Have you ever adopted from this shelter? \_\_\_\_\_ If so, when? \_\_\_\_\_

15. If you already have a cat(s), have they been tested for FIV/FELV? \_\_\_\_\_

Are they positive? \_\_\_\_\_

16. List all current pets you have

Species	Name	Gender	Spayed/ Neutered	Age	Do they get along with cats?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

17. Have you had any pets in the past 5 years that are no longer with you? YES ( ) NO ( ) If so, what happened to the pet(s)? \_\_\_\_\_

18. Do you have a veterinarian for your current or past pets? Veterinarian's Name: \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

19. Are there any circumstances that would make you return your new cat? Please explain:

20. What would your plan be for daily care if you took a vacation?

21. Most shelter animals have unknown medical backgrounds. Are you prepared to take this pet to the veterinarian within thirty days for a medical examination and understand that any necessary medical treatment is at your own expense? ( ) Yes ( ) No



## 22. Personal References

Please provide names/phone numbers for 2 **unrelated** persons who know you and can tell us about you as a pet owner:

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **How long have you known each other:** \_\_\_\_\_

*Staff notes:* \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **How long have they known each other:** \_\_\_\_\_

*Staff notes:* \_\_\_\_\_

## 23. Additional Personal References if you do not have a vet reference:

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **How long have you known each other:** \_\_\_\_\_

*Staff notes:* \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **How long have you known each other:** \_\_\_\_\_

*Staff notes:* \_\_\_\_\_

## 24. Please initial the following agreeing to the terms:

\_\_\_ This application is the first step of the adoption process.

\_\_\_ The application is complete and has accurate information filled out.

\_\_\_ I will allow up to 4 days for my application to process and understand HSPJ/DP has the right to refuse any person for any animal.

\_\_\_ I understand HSPJ/DP may receive multiple applications for the same animal but all applications will be processed and reviewed. Applications are approved based on the best possible match for the individual animal, not on a first-come, first-served basis.

\_\_\_ I will notify all references listed, including the veterinarian, in advance of your call.