

CAT ADOPTION APPLICATION



Pet ownership is a serious responsibility. We strive to ensure that each person who adopts a pet is aware of, and willing to, accept that responsibility. The questions on this form are designed to help our staff make sure there is a good match between each animal and family. PLEASE NOTE: It is our policy to adopt only to homes where the current pets are spayed/neutered and up to date on vaccinations and/or have received routine veterinary care. Applications that do not meet this policy may be rejected.

In order to be considered as an adopter, you must:

- Be 18 years of age or older.
- Have identification showing your present address.
- Have the knowledge and consent of your landlord.
- Be able and willing to spend the time and money necessary to provide food, shelter, medical treatment, appropriate training and proper care for a pet's lifetime.
- Complete all sections of this application

Shelter Pet information

Cat's Name _____ ID# _____ Cat Kitten

Adopter Information

Name: _____ D.O.B. _____

Spouse Name (If applicable) _____

Address: _____ City/ST/Zip _____

Ph# _____ Email _____

Employer _____ Ph# _____ Position _____ #Yrs _____

Drivers Lic# _____ State Issue _____

of Adults in Home (with Ages) _____ # of Children in Home (with ages) _____

Do all Adults in Home know of your plans to adopt a cat? Yes No

Who will be the primary caregiver of the cat? _____

If you move, what are your plans for the care of your cat? _____

Have you or anyone in your household ever been convicted of an animal cruelty Crime Yes No

Is there anyone in your household allergic to animals? Yes No

Housing Information

Do you Own Rent Other _____ How long at Residence _____

Type of Residence House Apartment Townhouse Condo Other _____

Do you have permission to have pets? Yes No

Landlord's Name _____ Ph# _____

Will your cat stay: Indoors only Outdoors only Indoors and Outdoors

How will you confine your cat to your property?

In House Kennel Fenced Yard Patio Garage Other

(Please Describe) _____

Where will the Cat be kept when alone? _____

Adoption Questionnaire

Why do you want a cat? House Pet Barn Cat Companion

Mouser Gift Company for another pet other

Explain: _____

Is this your first experience with a pet? Yes No

Do you understand the decompression period needed for any new cat in your home? Yes No

Are you prepared to help your new cat adjust to your home in a slow and safe manner? Yes No

Are you aware that the average annual cost to care for a cat is over \$600 per year? Yes No

Do you realize you may have to houstrain your new cat? Yes No

What will you do if your cat claws furniture or shows other destructive behavior? _____

What would you do if the cat stopped using the litter box? _____

Do you realize that adopting a cat is a commitment for the lifetime of the animal, which could be as much as 20 years? Yes No

References

List two(2) people who would recommend that you adopt one of our cats.

Name _____ Ph# _____

Name _____ Ph# _____

Veterinarian's Name _____ Ph# _____

List Pet's currently in home

Pet's Name	Type of Pet	Age	How long Have you had him/her?	Neutered or Spayed?	On heartworm Preventative & Vaccinated?	Where are they kept?

Please list any known causes of death for past pets. _____

Please note that there could be a 24-48 hour processing time on all applications. During this time, the required adoption fee, if collected, could be held and the requested dog/cat will be placed on hold. Once approved you will be contacted to come pick up your new pet. If for any reason your application is denied, you will be contacted with an explanation and adoption fee returned **if collected**. I certify that the information provided on this application is complete and correct to the best of my knowledge. I give permission for any/all information given to be verified. I also understand the FHHAS has the right to deny any adoption for any reason. **Please note that Adoption Fees are non-refundable after 15 days of adoption date, however any adopted pet can be returned under the return provision policy set forth by FHHAS.**

I have completed this application truthfully and fully understand the adoption process.

Signature: _____ Date _____

Office Use Only	Pet's Name: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____
Reason For Denial _____	
Authorized Signature: _____ Title _____	