

## Adoption Application

Welcome and thank you for visiting us to look for a new pet. The following information is requested so that we can help you select a cat most suitable for your lifestyle, as well as place each cat in a home which meets its needs. The cats available for adoption come here from a variety of sources. While a cat may currently appear healthy, it may be incubating a disease without showing any obvious signs. Therefore, WE DO NOT MAKE ANY GUARANTEE AS TO THE HEALTH OF THE CAT, and recommend that the cat be seen by a veterinarian within 10 days of adoption for a physical and any necessary treatments.

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

- Be 21 years of age or older
- Have identification showing current address. If you **rent**, have a copy of your lease which states the acceptance of pets and/or, at our request, a written consent from your landlord. If you **own**, proof of ownership (mortgage statement, tax bill, etc.)
- Be willing to spend the **time and money** necessary to provide proper care for a pet, including medical treatment when necessary

Other restrictions may apply. **We reserve the right to refuse adoption to anyone.** *No cat will be adopted to prospective owners who intentionally mislead or fail to provide accurate information on the adoption application.* Please complete all of the following items:

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

### Personal Information

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

Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

### Preference

Check Preference(s):      Cat       Kitten

Name(s) of cat or kitten: \_\_\_\_\_

I want a cat for (check all that apply):

House Pet     Companion     Gift     Company for other pet     Breeding     Mouser   
 Child's Pet

Do you have a preference as to breed, sex, age, size, length of fur, etc.?      Yes       No

If yes, please indicate: \_\_\_\_\_

## Ownership

**Do you have any pets currently?**      Yes       No

If yes, please complete the following information:

Type of Pet	Age	Time Owned	Spayed/Neutered	Where do you keep this pet?

**Have you had pets in the past?**      Yes       No

If yes, please complete the following information:

Type of Pet	Age	Time Owned	Spayed/Neutered	What happened to this pet?

**If you pet(s) have died what was the cause?** \_\_\_\_\_

## Veterinarian Information

Enter the information of your current veterinarian

**Name of Practice:** \_\_\_\_\_

**Name of Veterinarian:** \_\_\_\_\_

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

**City, State, + Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**How long have you been going to this veterinarian?**      Years: \_\_\_\_\_      Months: \_\_\_\_\_

**Who was your previous veterinarian?** \_\_\_\_\_

**Do you give the Homeless Animal Adoption League, Inc. permission to contact your veterinarian to discuss your current and past pets' medical records?**      Yes       No       Initials: \_\_\_\_\_

**Housing and Planning**

At your current address do you: Rent  Own

If you rent, does your lease specify that pets are allowed? Yes  No  Not Sure

Length of time at current address: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Length of time at previous address: Years: \_\_\_\_\_ Months: \_\_\_\_\_

What will happen to your pet(s) if you:

Move from your current address: \_\_\_\_\_

Can no longer take care of them: \_\_\_\_\_

Are there any children in your household? Yes  No

If yes, please list their ages: \_\_\_\_\_

Does anyone in your household have allergies? Yes  No

Who will have the main responsibility of caring for the cat? \_\_\_\_\_

Where will you keep the cat during the day? \_\_\_\_\_

Where will you keep the car during the evening? \_\_\_\_\_

How many hours will the cat be unsupervised each day? \_\_\_\_\_

Do you plan on having the cat spayed/neutered? Yes  No  Not Sure

Will the cat be allowed outside? Yes  No  Not Sure

If yes, under what circumstances? \_\_\_\_\_

What will you do if the cat claws furniture/carpeting? \_\_\_\_\_

\_\_\_\_\_

What will you do if the cat has improper urination or other litter box problems? \_\_\_\_\_

\_\_\_\_\_

**Acceptance and Consent**

**How did you hear about our organization?** \_\_\_\_\_

If referred by a previous adopter, please indicate their name: \_\_\_\_\_

**Have you ever applied for pet adoption at another organization?**

Yes  No  Not Sure

If yes, list the organization (Name, City, State): \_\_\_\_\_

**Have you ever adopted a pet from another organization?**

Yes  No  Not Sure

If yes, list the organization (Name, City, State): \_\_\_\_\_

I, \_\_\_\_\_ (Print Name), hereby swear that the above information is true and complete to the best of my knowledge. I understand that this adoption application must be approved by the Homeless Animal Adoption League, Inc.'s Board of Directors in order to adopt from this organization. I understand more information may be requested in addition to this application.

Signature(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

Application Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Application Approved: Yes  No

Application Approved by: \_\_\_\_\_

Anticipated Adoption Date: \_\_\_\_\_