



CAT ADOPTION APPLICATION

Name _____ Home Phone _____

Address _____ Work Phone _____

City/State _____ Zip _____ Cell Phone _____

Email _____ Are you 21 years or older? Yes ___ No ___

Personal Reference _____ Relationship _____

Phone _____

How did you hear about HOPE? _____

Are you interested in (select one): Cat ___ Kitten ___ Name of pet you want to adopt: _____ ID# _____

To ensure that this adoption is in the best interest of both you and the pet you selected, we ask that you answer the following questions:

1. Please tell us why you would like to adopt a pet? _____

Do you live in (select one): House ___ Apartment ___ Condo/Townhome ___ Trailer ___ Other _____

Do you: rent/lease ___ own ___ Landlord & Phone # _____

3. Are you planning to move in the next six months? Yes ___ No ___

4. I am adopting this pet for (select one): myself ___ spouse ___ children ___ gift ___ other _____

5. Please list below all the people (including yourself) that your new companion will be living with:

Name	Age	Relationship
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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6. Will the whole family share in the care of this pet? Yes ___ No ___

7. Are there any children that visit your home frequently? Yes ___ No ___ If yes, ages: _____

8. Are there any regular visitors to your home, human or animal, with which your new companion must get along?

Yes ___ No ___ Describe: _____

9. Is there any member of your household who is allergic to cats? Yes ___ No ___ If yes, who _____

10. What will happen to this pet if you move unexpectedly? _____

11. How many hours during the average work day will your pet spend without a human? _____

12. What kind of behavior do you find unacceptable? _____

13. What will happen to this pet when you go on vacation or in case of an emergency? _____

14. Do you have a regular veterinarian? Yes ____ No ____
Clinic name, address and phone number _____

15. Do you have any other pets? Yes ____ No ____ If yes, please list below:

Type (dog, cat, etc.)	Breed	Neutered/Spayed?	Owned for how long?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Have you had any pets in the past? Yes ____ No ____ If yes, please list below:

Type (dog, cat, etc.)	Breed	Neutered/Spayed?	Owned for how long?	Where is the pet now?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17. Do you want this pet to be (select one): inside only ____ outside only ____ inside/outside ____ don't know ____
Where will this animal be kept during the day? _____
Night? _____ When you're not at home? _____

18. Does your home have a pet door? Yes ____ No ____

19. What do you know about feline leukemia? _____

20. Do you plan to declaw your cat/kitten? _____

21. Do you have a fenced-in back yard? _____

I certify that the above information is true and understand that false information may result in nullifying this adoption.

Applicant's Signature _____ Date _____

WE RESERVE THE RIGHT TO REFUSE AN ADOPTION!

Thank you for completing the Adoption Application. Please return it to an adoption counselor so that we may review it with you. The entire adoption procedure usually takes about an hour.

~~~~~ADOPTION STAFF ONLY~~~~~

Driver's License # (or other Photo ID): \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Results (select one): A \_\_\_\_ D \_\_\_\_ Staff: \_\_\_\_\_ Date: \_\_\_\_\_