



**CAT ADOPTION APPLICATION**

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

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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

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

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

How did you hear about us? \_\_\_\_\_

*To ensure this pet adoption is in the best interest of you and the animal you select, please answer the following.*

**How many people in your household?**

Adults over 21 (including self): \_\_\_\_\_ Ages: \_\_\_\_\_ Children (under 21): \_\_\_\_\_ Ages: \_\_\_\_\_

Is anyone in your household allergic to cats? YES NO

**Please list all of your pets, past and present – starting with most recent. (use back if needed)**

Dog/Cat	Breed	Age	M/F	Altered?	How long owned?	Still own?	If no, why?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Have you ever had to give up or re-home an animal? YES NO

Do you live in: HOUSE APARTMENT CONDO DUPLEX MOBILE HOME TOWNHOME

Do you: OWN RENT LEASE How long have you been at this address? \_\_\_\_\_

If renting/leasing, are there pet restrictions? YES NO If yes, what are they? \_\_\_\_\_

Landlord name: \_\_\_\_\_ Phone: \_\_\_\_\_

How many hours during the average day will this cat spend without a human? \_\_\_\_\_

Where will this cat be when left alone? \_\_\_\_\_ Where will this cat sleep at night? \_\_\_\_\_

Are you considering letting this cat outside? YES NO MAYBE

Are you considering declawing this cat? YES NO MAYBE

What would cause you to return or re-home this cat? \_\_\_\_\_

Are you planning any major changes in the next 6 months (new roommate/spouse/baby, moving, new career, etc.)? \_\_\_\_\_

Do you have a regular Veterinarian? YES NO Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I certify that I am at least 21 years of age and that the above is true and complete. False information may nullify an adoption. I understand that this is only an application and not entitlement to adoption from Homeward Pet Adoption Center. I release Homeward Pet from any and all liability if injured while on the premises.**

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

## Discussion Questions ~ For Staff Use

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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

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### Cat Behavior Discussion Items:

Litter box use     Scratching     Play biting     Shyness     Cat-to-cat introductions

Cat-to-dog introduction     Cats and children     Transition to new home     Indoor/Outdoor

Medical Issues     Destroying Furniture

Notes: \_\_\_\_\_

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### Pending Reasons:

*Needed*

*Completed*

Visit with \_\_\_\_\_

Landlord Approval

Surgery/Medical