



Our Pets Until They're Your Pets

Homeless Pets Foundation
Cat Adoption Application
 Fax: 770-971-1292 / Email: cats@homelesspets.com

2 Week Trial _____ Adopt _____
 Cat Name _____
 Date _____ Rep _____
 How did you hear about us? _____

Name _____ Age _____ Phone _____

Co-Applicant Name _____ Age _____ Relation to Applicant _____

Address _____ City _____ State _____ Zip _____

Please indicate where you live: House Townhouse Condo Apartment Trailer/Mobile Home
 Do you Own Rent

How long have you lived at this address? _____ How many times have you moved in the last 5 years? _____

If you rent, does your landlord allow pets? No Yes Amount of pet deposit? _____

Has the pet deposit been paid? No Yes Is there a pet limit? No Yes How many? _____

Name of apt complex _____ Phone _____

Are you willing to allow a representative from Homeless Pets Foundation to visit your home by appointment?
 Yes No Why? _____

Are you: Working Retired Attending School Homemaker Other _____

Applicant Employer's Name _____ Work Phone _____

Occupation _____ Working Hours _____

Address _____ City _____ State _____ Zip _____

Co-Applicant Employer's Name _____ Work Phone _____

Occupation _____ Working Hours _____

Address _____ City _____ State _____ Zip _____

Please check any of the following reasons for adopting this cat: Family Pet Child's Pet Gift Companion
 Mouser Companion for other pet Other, please specify _____

Will this cat be a surprise for anyone? No Yes, who? _____

Is everyone in the household in favor of adopting this cat? No Yes

Are there any other adults living in the household? No Yes If yes, please list below:

1. Name _____ Relation _____ Age _____

2. Name _____ Relation _____ Age _____

Are any members of your household allergic to cats? No Yes

What steps will you take to accommodate the pet(s) and the household member? _____

Do you or any member of your household have a serious or life threatening illness? No Yes, explain _____

How many children are in your household? _____ Please list ages: _____

How will you handle interaction between the new cat and your children? _____

Who will be responsible for the daily care of your new cat? Self Spouse Children Roommate

Do the primary caretakers for the household pet(s) travel often? No Yes

When traveling, who will take care of your pet(s): _____

How many pets do you currently have? _____ PLEASE LIST ALL CURRENT PETS:

Type of pet	Name	Age	S/Neutered?	Current on vaccines?

PLEASE LIST ANY OTHER PETS YOU HAVE PREVIOUSLY OWNED AS AN ADULT:

Type/Name	Age	S/Neutered?	How long ago?	How long did you have?	What happened?

Veterinarian's Name _____ Phone _____

Address _____ City _____ State _____

How much do you expect to spend annually on vet care for your cat? _____

Are any of your current cats or have any of your previous cats been declawed? No Yes

Will you declaw your new cat? No Maybe Yes Please explain _____

Have you ever had a problem with fleas or ticks? No Yes How did you handle it? _____

If your cat develops an expensive medical problem what would you do? _____

What are the maximum number hours the cat will be left alone on a typical day? _____

What percentage of time will the cat live indoors? _____%

Do any of your current pets spend any time outdoors? No Yes Why? _____

Do you have a pet door? No Yes

How will you handle litter box training/problems? _____

How will you handle scratching and or destruction issues? _____

Where will your new cat stay when you are not home? Garage Basement Outdoors Free run of the house
 One room of the house, which room? _____ Other _____

Which circumstances, in your mind, justify giving up a cat? Cat's Medical Problems Personal Medical Problems Moving
 Ruining Furniture Scratching Aggression Divorce New Baby Spraying Shedding Allergies Lost Job
 Marriage Children Losing Interest Not Getting Along With Other Pets Not Getting Along With Child
 Other _____

Would you try to fix the problem? No Yes How? _____

Have you ever given up a pet in the past? No Yes, Please explain _____

If you date or marry someone who does not like or want cats, what will you do? _____

If you date or marry someone who is allergic to cats, what will you do? _____

Would you ever consider moving somewhere that does not allow pets? No Yes

Do you foresee any major changes in your life in the next 15 years (i.e. marriage, childbirth, etc.) No Yes

If yes, please explain _____

Can you provide a permanent loving home for this cat for 15 years or more? _____

Have you ever looked at or applied for a pet with another rescue group? No Yes, please list _____

REFERENCES

Name	Address	City, State Zip	Phone

By signing below, I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for disallowing the adoption of the rescue cat and possible removal of said cat from my home. I consent to Homeless Pets representatives discussing information on this application with any persons named on this application. Applicants must be 25 years of age or older.

Homeless Pets Foundation reserves the right to refuse any applicant for any reason. All completed applications become the property of Homeless Pets Foundation.

Signature of Applicant

Date