

Homeless Pets Cat Application

CAT NAME _____

DATE _____ REP _____

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/lease allow pets? No Yes Amount of pet deposit? _____

Has the pet deposit been paid? No Yes Is there a limit to the number of pets allowed? 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 _____

Address _____ City _____ State _____ Zip _____

Working Hours _____ E-mail Address _____

Co-Applicant Employer's Name _____ Work Phone _____

Occupation _____

Address _____ City _____ State _____ Zip _____

Working Hours _____ E-mail Address _____

Please check any of the following reason 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, Please explain _____

How many children at home? _____ Please list ages: _____

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

Who will be responsible for 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	Spayed/Neutered?	Current on Vaccines?

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

Type and Name of Pet	Age	Spayed/Neutered?	How long Ago?	How long did you have the pet?	Describe 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 pets or have any of your previous pets 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? _____

Max 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 new cat stay when you are not at home? Garage Basement Outdoors Free run of house
 One room of house. Which room? _____ Other _____

What circumstances, in your mind, justify giving up a cat? Cat's Medical Problems Personal Medical Problems Moving
 Running furniture Scratching Aggression Divorce New Baby Spraying Shedding Allergies
 Children Losing Interest Not getting along with other pets Lost job Marriage Not getting along with child
 Other _____

Would you try to fix 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 _____

How long ago? _____ Did you adopt? _____

REFERENCES

Reference Name	Address	City, State Zip	Phone
1			
2.			

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. Applicant 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 The Homeless Pets Foundation

Signature of Adopter

Date