

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: _____