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Verification Pet Store
Approval
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CAT Adoption Application

Pet ownership is a serious responsibility. Please take the time to make sure you are ready to meet the needs of the animal **for its entire life**. To adopt an animal at Harbor Humane Society (HHS) you must be 18 years old, completely fill out, sign and submit this application and be approved following HHS adoption guidelines. Adoptions are processed on a first come, first served basis and are processed as quickly as possible so that HHS can maximize the number of homeless animals helped by using our limited kennel space as efficiently as possible.

APPLICANT'S NAME: (First, Middle, Last) Age:	HOME PHONE					
Date of Birth:	WORK PIIONE					
ADDRESS:	CELL PHONE:					
CITY & STATE:	ZIP CODE:					
COUNTY:	EMAIL:					
Name of animal/s desired (if known): Do you live in a House, Condo, Apartment, Townhouse, Mobile Home, Other: Do you currently Own or Rent? Name and phone number of Property Management or Landlord:						
Are you planning to move within the next 6 months? What will happen to your pets if you move?						
Please list all of the people living in the house and note if there are any known allergies for each individual						
Name	Age	Allergies				

Please list ALL of your *past* and *current* animals within the last 5 years:

Dog, Cat, Other	Name	Breed	Age	Sex	Spayed/ Neutered ?	Indoor/ Outdoor?	How Long Did You Have the Pet?	Where is the pet now?

Name and phone number of current Veterinarian and any other veterinarian you may have used in the past five years:
Have you ever adopted an animal from/to Harbor Humane Society before? If yes, please tell us the name of the animal(s) adopted and when you adopted it:
Who will be primarily responsible for the care of your companion animal?
Do you want your cat to be inside/outside, inside only, outside only? Please explain:
Are you planning to declaw your new cat?
Are you interested in learning about alternatives to declawing?
If your cat develops litter box issues what will you do?
If a behavior problem arises what will you do to help resolve the issues?
How much time do you feel is appropriate to reverse negative behaviors?
In the event you are unable to care for your animal (hospitalization, disability, assisted living etc), who will be responsible for the care of the animal? Name: Address: Phone number: HHS reserves the right to contact the above person and verify this information.
What behavior issues would be reason or cause to return this animal to HHS?
Please initial that you accept and understand that a representative from HHS has the right to do a home visit prior to adoption and as follow up after adoption
I certify I have read the above information carefully. I certify that the information in this application is true, and understand that false information may result in denying or nullifying this adoption. I understand that if an omission or untruth is discovered after an adoption takes place, Harbor Humane Society reserves all rights to annul the adoption and reclaim the animal. I give Harbor Humane Society permission to fully investigate the information provided, as well as contact veterinarians, and related officials in order to process this application. I understand that some animals may have adoption restrictions placed on them that may prohibit me from adopting the particular animal. These restrictions are made to ensure safe, lifelong adoptions are completed and I therefore will not argue about such decisions.
Applicant Signature
Print NameDate
Co-Applicant Signature
Print NameDate