



Cat Adoption Application

PLEASE NOTE: It is our policy to adopt only to homes where the current pets are spayed/neutered and up to date on vaccinations and/or have received routine veterinary care. Applications that do not meet this policy may be rejected.

APPLICANT'S NAME: (First, Middle, Last) Age: Date of Birth:	HOME PHONE:
	WORK PHONE:
	CELL PHONE:
ADDRESS:	ZIP CODE:
CITY & STATE:	E-MAIL:
COUNTY:	

[illegible]

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	Length Owned	Where is the pet now?

Name of current Veterinarian:

Phone Number:

Name of previous Veterinarian (*if different in the last 5yrs*):

Phone Number:

Have you ever adopted an animal from Harbor Humane Society before?

If yes, Please tell us the name of the animal(s) adopted and when you adopted:

Have you ever surrendered any animal to HHS or any other animal welfare organization? If yes, please explain in detail the circumstances:

Have you ever lost an animal? If yes, please explain in detail the circumstance:

Have you ever given away an animal to a friend, relative or other? If yes, please explain in detail the circumstances:

Who will be primarily responsible for the care of your companion animal? (Vet care, exercise, feeding, training, etc.)

Estimate the yearly cost for a cat in your household. Please include cost of food, medications, vet care, dog license, grooming, etc.

Do any members of your family have allergies? If yes, please explain.

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?

Do you understand that changing an animal's environment may cause it to have accidents?

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 that 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.

Under what circumstances would you give a companion animal away?

What behavior issues would be reason or cause to return this animal to HHS?

Please initial that you understand and accept that a representative from HHS has the right to do a home visit prior to adoption and as a 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.

I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal.

I understand it is Harbor Humane Society's prerogative to decide which home is most appropriate and that their decision is final; therefore, I will not argue with the decision. Unless otherwise indicated by Harbor Humane Society, I am free to apply and undergo the application process in the future.

Applicant Signature _____

Print Name _____ **Date** _____

Co-Applicant Signature _____

Print Name _____ **Date** _____

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