



Feline Adoption Application

Animal Information

Cat's Name: _____ Application Date: _____

Control No.: _____ Age: _____

Sex (Circle): Male Female Description:

Information About You

Name: _____ Telephone: (____) _____ (H) (____) _____ (Cell)

Address: _____

City: _____ State: _____ Zip: _____

E-mail (optional): _____

(Please circle all that apply.)

Have you ever owned a cat before? Yes or No

 If so, what happened to her/him? _____

Are you at least 21 years of age? Yes or No

Are you currently a student? Yes or No

Are you currently employed? Yes or No

If yes, please provide the name and location of employer _____

 How long have you worked for this employer? _____

 What is your current position? _____

Are you retired? Yes or No

Pet History

Please list the pets you currently own and whether or not they are spayed/neutered:

Species: _____ Sex: _____ Spayed/Neutered: _____

Species: _____ Sex: _____ Spayed/Neutered: _____

Species: _____ Sex: _____ Spayed/Neutered: _____

Species: _____ Sex: _____ Spayed/Neutered: _____

Information About Your Household

(circle all that apply)

What best describes where you live:

House

Mobile Home

Apartment

City

Suburb

Rural

Village

Do you own or rent you living quarters?

Own or Rent

How long have you lived at your current residence? _____

Other arrangements: _____

If you rent, Landlord's name: _____ Telephone: _____

Do you plan to move in the next six (6) months: Yes or No

If yes, what are your plans for your cat(s)? _____

Traffic Patterns in your residential area: Heavy Medium Light

Will this cat be kept indoors or outdoors? Indoors Outdoors Both

Number of people living in your home: Adults _____ Children _____ Ages: _____

Is anyone in the household allergic to pets? _____

How would you describe your household? Circle one: Active Noisy Average Quiet

Who will be primarily responsible for the cat's care? Self _____ Parents _____ Children _____ Other _____

Do all family members agree about this adoption? Yes or No

Cat Care Plans

For what purpose to you wish to adopt a cat from the HCAS? _____

Who is your current veterinarian? Name, Address and Phone Number

Who do you plan to use as a veterinarian?

What will you do with your cat when you go on a vacation?

What will you do with your cat if you move?

How much do you expect to spend on cat food, treats, daily care per month?

What type of regular veterinary care will you provide for your cat? _____

How will you help your new pet adjust to a new home environment?

How long do you think it will take for your new pet to adjust to your household? _____

Do you know how to litter train a cat? _____

Adoption Agreement For: _____ **ID number** _____

Adoption Waiver

By signing this document, I am accepting all of the risks associated with handling animals during the adoption process. I further attest that the information given is true and I understand that giving false or incomplete information may result in this application being denied. We are not responsible for any physical or behavioral conditions or expenses that may arise after the final adoption of the dog has been completed.

Please initial next to each statement and sign at the bottom.

_____ I understand that the Horseheads Community Animal Shelter (HCAS) makes no guarantees of the _____ health, habits, temperament of any other fact about the animal.

_____ I understand that my pet may have an illness that is not immediately apparent, that the HCAS is not responsible for veterinary care should the animal have illness.

_____ I understand there is a risk that my current family pets could be exposed to illness and the HCAS is not responsible for veterinary care should they become ill.

_____ I understand it is recommended that my new pet be isolated until it has seen my veterinarian.

_____ I understand that a pet needs to be seen by a veterinarian at least once a year for an annual physical, vaccinations, de-worming and flea/heartworm preventative.

_____ In adopting this animal, I agree to keep my pet current on its rabies vaccinations.

_____ If not already altered, I agree to have this pet spayed/neutered unless otherwise recommended by a veterinarian.

_____ I can afford and agree to provide food and routine veterinary care for this animal.

_____ I agree to keep my animal appropriately housed and restrained.

_____ I see this animal as a lifelong commitment and family member.

Signature _____ Date _____

For Office Use Only-

HCAS Actions

Today's Date: _____ Hold Until: _____ HCAS ID Number: _____

Landlord Contacted (date) _____ Approved _____ Denied _____

Adoption Decision (date) _____ Approved _____ Denied _____

If denied, reason for denial:

Adoption Date: _____ Adoption Fee: _____

HCAS Staff Signature: _____

Revised 3/19/2018
