

Adoption Application (Cat/Kitten)

Foster Contact: _____

Questionnaire:

Today's Date: _____

What is the current name of the cat you are interested in adopting? _____

Your Name: _____ Spouse/Partner Name: _____
 Street Address: _____ Apartment #: _____
 City & State: _____ Zip: _____ Your Home Phone: _____
 Email: _____ Your Work Phone: _____
 How long at present address? _____ Your Cell Phone: _____
 Landlord Name: _____ Landlord Phone: _____
 Employer Name: _____ Employer Phone #: _____

Does anyone in your household suffer from allergies (pet or otherwise)? Yes No Unknown
 Is everyone in your household aware of and agreed upon adopting a pet? Yes No Not yet

How frequently do you travel either for business or pleasure? _____

What will you do with the cat while you are traveling? _____

For how many hours per day will your cat be left alone? _____

How much adult supervision of animal & child will be provided? Max Some Minimal None N/a

Please check all that apply:

Do You?	Activity Level:	Household Has:	You Live With:	Residence Type
<input type="checkbox"/> Own	<input type="checkbox"/> Quiet	<input type="checkbox"/> Live Alone	<input type="checkbox"/> Spouse	<input type="checkbox"/> House
<input type="checkbox"/> Rent	<input type="checkbox"/> Active	<input type="checkbox"/> Adults Only	<input type="checkbox"/> Parents	<input type="checkbox"/> Condo
<input type="checkbox"/> Military	<input type="checkbox"/> Hectic	<input type="checkbox"/> Family with	<input type="checkbox"/> Children	<input type="checkbox"/> Apartment
	<input type="checkbox"/> Seldom Home	<input type="checkbox"/> Children Ages	<input type="checkbox"/> Significant Other	<input type="checkbox"/> Mobile Home
			<input type="checkbox"/> Roommates	<input type="checkbox"/> Dormitory
			<input type="checkbox"/> Other Pets	<input type="checkbox"/> Other

Describe what you are looking for in a cat:

Gender	Age	Coat	Activity Level	Housing
<input type="checkbox"/> Male	<input type="checkbox"/> Kitten	<input type="checkbox"/> Short	<input type="checkbox"/> Low	<input type="checkbox"/> Indoor only
<input type="checkbox"/> Female	<input type="checkbox"/> Teen	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> Outdoor only
<input type="checkbox"/> No preference	<input type="checkbox"/> Adult	<input type="checkbox"/> Long	<input type="checkbox"/> High	<input type="checkbox"/> Indoor/outdoor
	<input type="checkbox"/> No preference	<input type="checkbox"/> No preference	<input type="checkbox"/> Very active	

Other characteristics

<input type="checkbox"/> Playful	<input type="checkbox"/> Aloof	<input type="checkbox"/> Lap Cat	<input type="checkbox"/> Friendly
<input type="checkbox"/> Affectionate	<input type="checkbox"/> Shy	<input type="checkbox"/> Naughty	<input type="checkbox"/> Vocal
<input type="checkbox"/> Rambunctious	<input type="checkbox"/> Lazy	<input type="checkbox"/> Friendly	

Reasons for wanting cat: for kids house pet gift companionship other _____

What brand of food will you feed the cat? _____

Who will be responsible for feeding the cat? _____ Cleaning the litter box? _____

Will you de-claw the cat?: Yes No Undecided Do you have a dog or cat door? Yes No

Where will you keep your cat? free access to house outdoors free access to outdoors other _____

Is there a pet deposit? _____ If so, amount: _____

For what reason(s) would you give up the cat?

<input type="checkbox"/> Moving	<input type="checkbox"/> Biting	<input type="checkbox"/> Chewing	<input type="checkbox"/> Stealing Food	<input type="checkbox"/> Hides for First Week
<input type="checkbox"/> Allergies	<input type="checkbox"/> Scratching	<input type="checkbox"/> Growling	<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Pregnancy/New Baby
<input type="checkbox"/> Illness	<input type="checkbox"/> Spraying	<input type="checkbox"/> Too Active	<input type="checkbox"/> Litter Box Problems	<input type="checkbox"/> Compatibility with Other Pets
<input type="checkbox"/> Other (list) _____				

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What would you do with the cat if you had to give it up? _____

What would happen to the cat if something happened to you? _____

Please list the animals that have shared your home in the past 5 years:

Name	Breed/Type	Sex	Age	Sterilized?	Indoor / Outdoor	Tested for FIV FeLV (cats only)		Declawed? (cats only)	Still with you (if not why?)

How much do you think it costs, per year, to own a cat? \$ _____

Are you aware of the yearly costs of maintaining a healthy pet? Yes No

There are yearly vaccines, flea and heartworm prevention, dental care, healthy food, accessories, as well as many unforeseen items or circumstances such as accident or illness. Vet care can total in the hundreds or even thousands for extensive health issues. Are you prepared to meet these requirements? Yes No

What will you do if the costs exceed this amount? _____

Do you know that the average cat can live for 15 – 20 years? Yes No

Are you willing to spend the money necessary for updating shots on time & emergency care for your pet? Yes No

Veterinarian Contact Information for above animals

Current:	_____	Phone:	_____
Prior:	_____	Phone:	_____
Do we have your permission to contact your vet(s) for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you ever adopted an animal? Yes No If yes, from where? _____

Have you ever surrendered an animal? Yes No If yes, please elaborate: _____

I agree to allow a rescue representative to perform a pre-adoption home check. Yes No

I am willing to stay in touch with a rescue representative after adoption to check on the animal I am adopting. Yes No

I am aware that the adoption fee for the cat/kitten I am considering is non-refundable? Yes No

We do not guarantee the health of any animals offered for adoption. Any time you adopt an animal, you should take it to a licensed veterinarian as soon as possible. Your animal is, to the best of our knowledge, healthy, but will need to be started immediately on a program of preventative veterinary care. Like human illnesses, these disorders can have an incubation period of up to several weeks. If the animal you adopt shows signs of illness at any point, he/she must be taken promptly to your veterinarian for treatment.

I have read & understand this disclaimer. _____ (initials)

I attest that all answers I have provided on this application are true and correct. I understand that the rescue group has the right to refuse any applicant for any reason. Additionally any money which is or will be given to this group and/or volunteers is a donation towards their work with animal rescue and adoption and is non-refundable. I hereby confirm that the information supplied here is truthful.

Signature: _____ Date: _____

DL#: _____

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