



Approval Pending \_\_\_\_\_ (pending family visit, meet & greet with other animals & staff confirmation)

By (staff initials) \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Confirmed Approval of Adoption \_\_\_\_\_ Denied \_\_\_\_\_

By (staff initials) \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

# Cat Adoption Application

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Co-Applicant Phone: \_\_\_\_\_

Best way/time to contact you: \_\_\_\_\_

Primary Owner's Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Emergency Contact (Emergency contact needs to be someone **NOT** living in home. This person will be listed as an Alternate Contact when the microchip is registered)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

How many people(s) are living in your current household? \_\_\_\_\_

❖ Do you have any children? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what age? \_\_\_\_\_

❖ Please list and name any household member including spouse, children, roommates or others living in your current household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ Are all household members in agreement in adopting an animal: Yes \_\_\_ No \_\_\_

❖ Does any household members have pet-related allergies or asthma?

○ Yes \_\_\_ (if yes, explain) \_\_\_\_\_ No \_\_\_

❖ Please indicate the type of home you live in: House \_\_\_ Mobile Home \_\_\_ Apartment \_\_\_

Condo \_\_\_ Live with Parents \_\_\_ Other \_\_\_, If other, please explain: \_\_\_\_\_

❖ Do you own \_\_\_\_\_ or rent \_\_\_\_\_?

○ Mobile Homes or trailers can be considered as renting depending on the associated mobile home/trailer park. Please provide the associated information below, if applicable.

*If you rent:*

❖ How long have you lived at this property? \_\_\_\_\_

❖ Do you have plans to relocate in the near future? Yes \_\_\_ No \_\_\_

• Name of Landlord or Rental agency: \_\_\_\_\_

• Landlord or rental agency's phone number: \_\_\_\_\_

• Name of apartment complex or mobile home park, if applicable: \_\_\_\_\_

*Verification required by landlord: Date received: \_\_\_\_\_ HSL Staff Initials: \_\_\_\_\_*

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### Cat Information

Which cat are you interested in adopting?: \_\_\_\_\_

❖ Have you ever adopted an animal from HSL? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

❖ Have you ever adopted a pet from another shelter/rescue? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

○ If yes to either of the two previous questions, please indicate whether you still have this pet. If you no longer have the pet, please explain why:

\_\_\_\_\_  
\_\_\_\_\_

❖ Have you ever surrendered or given a pet away to a shelter/rescue organization? Yes \_\_\_ No \_\_\_

If yes, why? \_\_\_\_\_

❖ Have you ever surrendered or given away a pet to an outside organization or person(s)? Yes \_\_\_ No \_\_\_

If yes, why? \_\_\_\_\_

- ❖ List any pets you have owned or fostered in the last 5 years, including roommates or relatives' pets currently residing in your home?

<u>NAME</u>	<u>BREED</u>	<u>AGE</u>	<u>CURRENT ON VACCINES</u>	<u>SPAY/NEUTERED</u>

Name of Veterinarian (if known/verification required) \_\_\_\_\_

Animal Hospital/Clinic \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Whose name(s) are the pet(s) records under at the vets? \_\_\_\_\_

Are you prepared to provide for your animal's continued health care, including a proper diet, annual examinations, vaccinations, and other treatments? Yes \_\_\_ No \_\_\_

- ❖ Why do you want to adopt a cat? Indoor Cat \_\_\_ Mouser \_\_\_ Farm/ Barn Cat \_\_\_ Companion \_\_\_ Companion for another cat \_\_\_ Therapy Cat \_\_\_ Gift \_\_\_ Other (explain) \_\_\_\_\_

- ❖ If you move or can no longer care for the pet, what will you do with the cat you adopt?  
\_\_\_\_\_

- ❖ Do you plan to declaw this cat? Yes \_\_\_ No \_\_\_

- ❖ During the day, where will this cat be kept? (Mark all that apply) Indoors \_\_\_ Outdoors \_\_\_  
Crate \_\_\_ Garage \_\_\_ Barn/Farmstead \_\_\_ Other \_\_\_, If outdoors or other, describe shelter provided:  
\_\_\_\_\_

- ❖ During the night, where will this cat be kept? (Mark all that apply) Indoors \_\_\_ Outdoors \_\_\_  
Crate \_\_\_ Garage \_\_\_ Barn/Farmstead \_\_\_ Other \_\_\_, If outdoors or other, describe shelter provided:  
\_\_\_\_\_

- ❖ **Do you have a yard? Yes \_\_\_ No \_\_\_**
  - **If so, is it fenced? Yes \_\_\_ No \_\_\_ ; If Yes, type and height of fence:**  
\_\_\_\_\_
  
- ❖ **When outdoors, how will your cat be confined to your property? In a crate/kennel \_\_\_ Roam Free \_\_\_**  
**In a fenced yard \_\_\_ On a chain \_\_\_ In the garage \_\_\_ Other \_\_\_ , If other, Please explain:**  
\_\_\_\_\_
  
- ❖ **How many hours will this animal spend without human companionship each day? \_\_\_\_\_**
  
- ❖ **Are you aware of the time, financial cost, and commitment involved in owning this cat? Yes \_\_\_ No \_\_\_**
  
- ❖ **Have you discussed the energy level of this cat with a staff member? Yes \_\_\_ No \_\_\_**
  - **What is your preferred energy level in an adopted cat? Low \_\_\_ Medium \_\_\_ High \_\_\_**
  
  - **Please describe the activities or exercise you will provide for the adopted cat (e.g. laser pointer or other play, scratching posts, walks, etc.):**  
\_\_\_\_\_  
\_\_\_\_\_
  
- ❖ **Please explain how you will handle any behavioral problems which may occur:**  
\_\_\_\_\_
  
- ❖ **How long do you feel an animal should be given for an adjustment period? \_\_\_\_\_**
  
- ❖ **Are you willing to work with a new pet on any issues he/she may have? Yes \_\_\_ No \_\_\_**
  
- ❖ **What behaviors would be unacceptable to you? \_\_\_\_\_**
  
- ❖ **What actions would you take to correct these behaviors (e.g. training, exercise, consult a vet, etc.)?**  
\_\_\_\_\_  
\_\_\_\_\_

**Personal References: Please provide at least two references who:**

- a. Know you well
- b. Do NOT live with you
- c. Did NOT accompany you to the shelter
- d. Are not directly related to you

**Reference 1:**

**Full Name :** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number with area code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Reference 2:**

**Full Name :** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number with area code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Additional Questions or Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Many animals come from unknown backgrounds. The Humane Society of the Lakes (HSL) is not responsible for the health or behavioral problems and cannot guarantee personality or temperament. Therefore:

- HSL does not guarantee that the adopted animals are housebroken, have no bad habits/behavior, are spayed/neutered (if possible visible spay scar observed) or are purebred.
- HSL will not be responsible for any health problems with which the animal may have or had come into contact with.
- Adopter agrees to absolve the HSL and its employees, directors, and volunteers from any liability for present or future damage, injuries or any loss/cost caused by this animal.
- Adopter assumes all financial responsibility for the animal once the adoption contract is signed by the Adopter.
- Adopter assumes full responsibility for the health, condition, and care (to include vaccinations, spay/neuter, behaviors of any kind and any related health issues) of the animal once the adoption contract is signed by the Adopter.

By initialing below, the Adopter certifies the information given on this application is true and any misrepresentation of the facts may result in losing privileges of adopting a pet. The Adopter hereby authorizes the investigation of all statements on this application.

*Adopter's Initials* \_\_\_\_\_ *(to be completed at the time of actual adoption)*      *Date* \_\_\_\_\_

*Staff's Initials* \_\_\_\_\_ *(to be completed at the time of actual adoption)*      *Date* \_\_\_\_\_