

Have-a-Heart Cat Adoption Application

Welcome to Have-a-Heart Humane Society (HHHS). The following information is requested to assist you in the selection of a new cat. This form and a consultation with an HHHS representative are designed to help you find the cat most compatible with your lifestyle.

To be considered as an adopter you must:

- Be 21 years of age or older.
- Must be willing to travel to pick up the cat we require meet and greets.
- Have identification showing your present address.
- Have the knowledge and consent of your landlord.
- Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet

Completion of this application *does not* guarantee adoption.

FOR THIS APPLICATION TO BE SERIOUSLY CONSIDERED, YOU WILL NEED TO GIVE US MORE THAN UES OR NO ANSWERS. OUR GOAL IS TO FIT OUR PETS TO YOU AND YOUR LIFE. We highly suggest you do not be brief, that you expand your answers to give us a better picture of you and your family. We also recommend that you take this application home and fill it out with a great deal of consideration and care.

All applications are subject to a 48 hour time period for review and consideration.

PLEASE PRINT CLEARLY !!!!!!!!

Name of Cat/Kitten you are applying for:

Your Name:

Street Address, City, State, Zip

Home phone:

Cell phone:

Business phone:

E-mail address (Please print clearly)

Ages of people in home:

Are any household members allergic to cats?

Please list names, ages, and types of other pets in home:

Are your current pets spayed or neutered? Are they current on their vaccinations? Please provide your veterinarians contact information: Is this your first cat? What percentages of the day will the cat live in the house and the yard? Do you have a fenced in yard? What height and type? If you have had other pets, please tell us why you no longer have them: Have you relinquished any pet to an animal shelter, if yes please tell us the reason: Who will care for your pet while you go on vacation, have a medical emergency, or other event? Is someone home during the day? How many hours will the cat be home alone daily? Do you own or rent your home? If you rent please provide your landlords name and phone number: Are you willing to have a HHHS representative do a home visit prior to adoption? If something happens to you, who will care for your cat? Are you willing to pay veterinary expenses for regular care and for emergency care?

Please list two personal references that we may contact:

Do you plan on declawing the cat?

Is there anything else you would like to tell us?

By signing this application you agree that all answers are true and correct. You agree that if you adopt, this application will become part of your contract and if any answers are found to be false or if you violate the contract's terms, the rescue will sue within the limits of the law.

Signature:	Date:
Deposit Received (non-refundable):	
Balance Due:	
Pick Up Date:	

Have A Heart Humane Society 661-822-5683