



# CAT ADOPTION REQUEST

## WHICH PET(S) WOULD YOU LIKE TO MEET?

PET NAME:	COMMENTS:

In order to be considered for an adoption you must:

- Have the knowledge and consent of all adults living in your household
- Have a valid photo I.D. present

## PLEASE FILL OUT BOTH SIDES OF THIS APPLICATION COMPLETELY

1. NAME: \_\_\_\_\_
  2. NAME OF SPOUSE/ROOMMATE(S): \_\_\_\_\_
  3. NUMBER OF PEOPLE IN HOME: ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_ AGES OF CHILDREN \_\_\_\_\_
  4. IS ANYONE IN THE HOUSEHOLD ALLERGIC TO ANIMALS?  YES  NO  
IF YES, WHO? \_\_\_\_\_ TO WHAT? \_\_\_\_\_
  5. JOB TITLE(S): \_\_\_\_\_
  6. ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
  7. MAILING ADDRESS (if different): \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
  8. TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_  
MOBILE: \_\_\_\_\_ OTHER: \_\_\_\_\_  
EMAIL ADDRESS(S): \_\_\_\_\_
- May we email you animal story updates and shelter news?  Yes  No
9. TYPE OF DWELLING:  HOUSE  CONDO  APARTMENT  OTHER: \_\_\_\_\_
  10. DO YOU:  RENT  OWN  LIVE WITH PARENTS
  11. LANDLORD/ PARENT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_
  12. PRIMARY REASON FOR ADOPTING THIS CAT?  Companion for self  Barn Cat  
 Companion for other cat  Gift  Other: \_\_\_\_\_
  13. ARE YOU LOOKING FOR INDOOR, OUTDOOR, OR INDOOR/OUTDOOR CAT? \_\_\_\_\_
  14. WHERE WILL THE CAT BE WHEN YOU'RE NOT AT HOME?  Indoors  Outdoors  Other: \_\_\_\_\_
  15. WHERE WILL THE CAT BE AT NIGHT? \_\_\_\_\_
  16. DO YOU PLAN TO DECLAW:  Yes  No If yes, why? \_\_\_\_\_
  17. HOW MUCH TIME ARE YOU WILLING TO SPEND HELPING THIS PET ADJUST TO YOUR HOME AND LIFESTYLE?  
\_\_\_\_\_
  18. UNDER WHAT CIRCUMSTANCES WOULD YOU NOT KEEP THIS CAT?  
\_\_\_\_\_

19. DO YOU HAVE KNOWLEDGE AND EXPERIENCE WITH BEHAVIOR PROBLEMS IN CATS?

Yes  No If yes, what kind? \_\_\_\_\_

20. WHAT WOULD YOU DO IF THE CAT STOPPED USING THE LITTERBOX?

\_\_\_\_\_

21. DO YOU OWN A PET NOW?  Yes  No (If yes, please list below.)

22. HAVE YOU HAD PETS IN THE PAST?  Yes  No (If yes, please list the past 5 years below.)

Type of animal	How & why obtained?	How long kept?	Where is the animal now?

23. WHO IS/WAS YOUR VETERINARIAN FOR THE ABOVE ANIMALS?

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLEASE INITIAL AFTER EACH STATEMENT:

I understand that adopting an animal is a financial commitment and may incur costs associated with feeding, licensing, and providing veterinary care for the animal. \_\_\_\_\_

I understand that a cat may live 15 years or more. \_\_\_\_\_

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing the privilege of adopting a pet. I understand that an incomplete application will not be processed. I authorize investigation of all statements on this application. I understand that this application is the property of the Humane Society of Southwest Missouri and will not be returned to me.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY

STAFF NOTES:

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

INFORMATION VERIFICATION:

LANDLORD CHECK: \_\_\_\_\_ STAFF INTIAL: \_\_\_\_\_

VET CHECK: \_\_\_\_\_ STAFF INTIAL: \_\_\_\_\_

APPLICATION:      A       D       DNA

Application denied? Reason: \_\_\_\_\_

ENTERED INTO PETPOINT: \_\_\_\_\_ ENTERED BY: \_\_\_\_\_