1st: _____ 2nd: _____

HHS Adoption Application - FELINE

Best number to be reached between 9:00am to 5:00pm (_____)_____

ADOPTER

Name_____ Home:(_____)_____ Cell : (_____)_____

Address_____ City _____ Zip_____

E-MAIL:_____

Your Employer _____ Work:(_____)_____

Spouse/Roommate Name _____ How did you hear about the HHS?_____

DO YOU: Rent _____; Own_____; - Apt___; House___; Condo___; Mobile Home___; Other_____

Landlord's Name: _____ Phone :(_____)_____ How long at present address? _____

Number of adults in household? _____ Number of children living in home?_____ Ages _____

Who will be responsible for pet?_____

Anyone in household allergic to animals? Yes / No Have you ever had a pet? Yes / No

Have you ever applied for adoption at HHS? Yes / No If so, when? _____

PET INFO

What pets do you currently have, or have you had, in the past 5 years in your household?

	Type	Kept Where	Time Owned	Pet's Name	Breed	Pet's Age	Still Own?	Living?
Pet#1	Cat / Dog	In / Out	_____	_____	_____	_____	Y / N	Y / N
Pet#2	Cat / Dog	In / Out	_____	_____	_____	_____	Y / N	Y / N
Pet#3	Cat / Dog	In / Out	_____	_____	_____	_____	Y / N	Y / N

Current VET CLINIC for these animals?_____ **Phone:** (_____)_____

Client name listed with above Vet clinic: _____ Date of last visit: _____

Why do you want a cat/kitten *(CIRCLE ALL THAT APPLY)*? ♦House pet ♦Mouser ♦Company for other pet

♦Gift for someone - Who? _____ ♦Other reason?_____

How will the cat/kitten be confined on your property*(CIRCLE ALL THAT APPLY)*? ♦ Fenced yard ♦On leash ♦Garage ♦In house

♦Patio ♦Other _____

What will you do with the animal when/if you move? _____

Where will the pet be kept, at its current age, during the day? House Yard Garage Work Other _____

Where will the pet be kept, at its current age, during the night? House Yard Garage Work Other_____

If you must give this pet up for **ANY** reason, do you agree to return pet to the HHS? Yes / No

Number of hours pet will spend alone?_____

What will you do if cat claws furniture or shows other destructive behavior? _____

If this feline has an upper respiratory infection, do you want to: Treat at your expense?____ or Pick another pet? ____

I/WE CERTIFY THAT THE ABOVE IS TRUE AND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION. I/we understand the HHS reserves the right to verify any and all information given and that the HHS reserves the right to refuse adoption to anyone. I/we have given the responsibility of pet ownership serious consideration and seriously want to adopt. I/we understand there will be no refund of my/our adoption donation unless I/we provide HHS with a letter of rejection for health reasons signed by a Veterinarian within 7 days of the adoption date, and return the adopted animal.

Signed_____ Date_____

**********HHS OFFICE USE ONLY**********

Kitten / Cat *** ID# _____ *** Pet's Name _____ *** Age _____

*** Color _____ *** Breed _____ *** M / F / S / N

CHECKS: Vet ___/___/___ by _____; Landlord ___/___/___ by _____; Comments:_____

HHS Counselor _____ Date ___/___/___ Time _____am / pm

FOLLOW-UPS:

CALLED ADOPTER: ___/___/___ by _____ results: _____

CALLED ADOPTER: ___/___/___ by _____ results: _____