

The Humane Society of the Southeast, Inc.

Preliminary Adoption Application for CATS

Thank you for your interest in adopting one of our wonderful rescue animals. Please complete the following information, which will help ensure the best match for you and your new pet. After completion, please return to a HSS volunteer for careful review and to answer any questions s/he may have for you regarding your application. **Note** – HSS has as its primary concern the well-being of our animals. We are seeking the best match between each pet and prospective adoptive family; the completion of this application does NOT guarantee approval of the adoption. In cases where several people are interested in the same pet, we will select the home that is best suited for the pet -regardless of the order in which the applications were received. Many variables are considered in this important decision and the final determination will be based on our best judgment and experience. Incomplete applications will not be considered. We thank you in advance for your cooperation, understanding, and patience during this process.

Name of the animal(s) that you are interested in adopting?

Please circle any of the following reasons for adopting this cat:

Family pet Companion for another pet Companion Mouser Outdoor or Barn cat

Other (explain) if other: _____

Name: _____

Street Address: _____

City/State/Zip: _____

Phone(s): Home: _____ Cell: _____

Email address: _____

Will the animal live at the address listed above? Yes No

Are you 18 years of age or older? Yes No

Are you employed? Yes No Where? _____ / _____ How long? _____ / _____

Work phone number(s): _____ / _____

Do you or your spouse have jobs that require relocation? Yes No If so, how often do you relocate?

_____ If you relocate, what will you do with your pets? _____

How many hours a day will your new pet spend alone? _____

Check one: House Condo Apartment Townhouse Mobile home

Do you: Own Rent Live w/parents Live w/roommate (s)

If you live in an apartment complex- name of the complex: _____

Please provide the name and number of management: _____

Are you aware of the animal laws of the community? Yes No

How many adults live in your household? _____ Do they all want a cat? Yes No

Who will be their primary caregiver of the cat? _____

How many children? _____ Ages: _____

Do you or anyone in the family have allergies to cats? Yes No

Will the cat live inside exclusively? Yes No

Will it be declawed? Yes No Already declawed

How many pets do you have now? _____ Are they all spayed or neutered? Yes No

Are they current on all their vaccinations? Yes No

Names and types of current pets: _____

Do you mind if we check with your veterinarian(s)? Yes No N/A

Please give veterinarian's name(s) or clinic's name along with phone number: _____

Please give history of previously owned (no longer living in the home) pets and what happened to them:

How will your animal(s) be cared for when you leave town? _____

Did any of your previous cats die of Panleukopenia, FIV, FeLV or an unknown disease in the past year?

Yes No If so, where did these animals live? Indoors Outdoors Both

On the average, how much do you spend yearly on animal care (medical: vaccinations/flea/tick/heartworm preventions/food/etc) for your pets? _____

Have you ever adopted a pet from HSS or another humane society? Yes No

Please explain: _____

Have you ever turned an animal in to a humane society, animal control (pound) or euthanized an animal?

Yes No Please explain. _____

Are you aware that a pet is a lifelong commitment? Yes No

It may take your new cat a month or longer to adjust to its new home. Are you prepared to allow this much time? Yes No Concerns? _____

As a potential new pet owner, what behaviors are you not willing to tolerate from a cat?

What will you do to correct the behaviors you have just listed? _____

Young children should not be left unsupervised with any animal? Yes No

Proper pet care includes planning and providing for your pet's needs. This includes making arrangements when you plan your family vacation, visiting the veterinarian if your pet acts unusual, scheduling an annual exam BEFORE the rabies vaccine expires, etc. Yes No

Adopter's Signature _____ **-Date:** _____

HSS Counselor _____

Your signature above guarantees that the information you have provided is accurate and truthful.