

# CAT ADOPTION APPLICATION

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS APPLICATION IN IT'S ENTIRETY.

We realize that adopting a new furry friend can be very exciting and emotional, as it's such an important and life-changing decision! Because of this, we are very thorough in our adoption process, making every effort we can to find the best possible match for a forever home for each of the animals here at the Humane Society of Harrisburg Area, Inc. Please understand that we do reserve the right to deny an adoption application based on our discretion to place our animals in the best possible home environment.

Again, please answer ALL questions. Incomplete applications will cause your application to be delayed or denied. Your Driver's License or Photo Identification Card is required which reflects your current address.

## LET'S GET STARTED!

Name of the Cat for which you are applying: \_\_\_\_\_

Is this your first experience owning a cat?  Yes  No

Have you owned this breed before?  Yes  No

## TELL US ABOUT YOURSELF!

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

Your Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

*(Please note in order to be considered an adopter, you must be at least 18 years of age.)*

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

If unemployed, or a student, please list your source(s) of income:

\_\_\_\_\_



Humane Society  
OF HARRISBURG AREA

Building a Better Community for Pets & People



List the names and ages of any persons living with you, and their relationship to you:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

*(Please list any additional persons on the back of this page)*

Does anyone in your household have cat allergies?  Yes  No

Are they on medication for it?  Yes  No

Have any members of your family ever been charged with and/or convicted of Animal Cruelty?

Yes  No

Have you ever adopted an animal from a shelter before?  Yes  No

If yes, what was the name of the shelter? \_\_\_\_\_

Have you ever taken an animal to a shelter before?  Yes  No

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

## TELL US ABOUT YOUR HOME!

Do you currently:  Own  Live with Relatives  Rent  Rent to Own

Type of home:  Single-Family  Townhome or Condo  Apartment  Mobile Home

Long-Term Hotel/Motel Room

(Please list name of the hotel/motel and location): \_\_\_\_\_

Are you willing to provide proof of a mortgage/homeownership?  Yes  No

If you rent your home, please list the name and phone number of your landlord:

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

How long have you lived at this location?: \_\_\_\_\_

## TELL US ABOUT YOUR OTHER PETS!

Please note that any current animals living in your home must be up-to-date on their Rabies and Distemper vaccines in order for the staff at the Humane Society of Harrisburg Area, Inc. to accept your adoption



application. In addition, vaccines can take a maximum of five days to be effective in providing protection to your pet. Therefore, we enforce a strict five day waiting period between the time your current animals are vaccinated and the ability for an HSHA animal to be adopted into your home.

Please list other animals currently in your home:

Animal #1: Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

*Please circle:*            Male or Female            Neutered or Spayed

Temperament with People: \_\_\_\_\_

Temperament with other animals: \_\_\_\_\_

Animal #2: Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

*Please circle:*            Male or Female            Neutered or Spayed

Temperament with People: \_\_\_\_\_

Temperament with other animals: \_\_\_\_\_

Animal #3: Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

*Please circle:*            Male or Female            Neutered or Spayed

Temperament with People: \_\_\_\_\_

Temperament with other animals: \_\_\_\_\_

*(Please list any additional animals on the back of this page.)*

## TELL US ABOUT THE PETS YOU'VE HAD BEFORE!

How many dogs and cats have you owned in the past 5 years?

\_\_\_\_\_ Dogs    \_\_\_\_\_ Cats    \_\_\_\_\_ Other

Please list prior animals and what happened to them:

Animal #1: Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Why do you no longer have this pet?: \_\_\_\_\_



Animal #2: Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Why do you no longer have this pet?: \_\_\_\_\_

Animal #3: Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Why do you no longer have this pet?: \_\_\_\_\_

***(Please list any additional animals on the back of this page.)***

## TELL US ABOUT YOUR PLANS FOR THIS CAT!

Will this cat be an:

Outside Cat *(cat will live freely on your property)*       Indoor Cat *(cat will live inside the home)*

Outdoor/Indoor Cat *(cat will live outside part of the time)*

Please Describe: \_\_\_\_\_

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

Please check one of the options below to explain the primary residence for this cat:

Fenced Yard       Inside the Home       Patio/Porch       Garage

Basement       Outdoor Kennel       Barn

Other: \_\_\_\_\_

Who will be responsible for the daily care of this cat? \_\_\_\_\_

How many hours will this cat be left alone? \_\_\_\_\_

Where will this cat stay when you are not at home?: \_\_\_\_\_

Will there be an adult home during the day?     Yes       No      Who? \_\_\_\_\_

Where will this cat sleep at night?: \_\_\_\_\_

What do you do - or plan to do with your animal(s) while you are on vacation?: \_\_\_\_\_

\_\_\_\_\_



How much money do you expect to have to spend on this cat each year (*this includes a minimum of annual check-ups, grooming, vaccinations, and food*)?: \_\_\_\_\_

If you had to get rid of this particular cat, what would you do?: \_\_\_\_\_

Why do you wish to adopt this particular cat?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Companion for You/Spouse    | <input type="checkbox"/> Companion for Child/Children | <input type="checkbox"/> Companion for Other Pet               |
| <input type="checkbox"/> It will be a gift for _____ | <input type="checkbox"/> Replace Lost/Deceased Pet    | <input type="checkbox"/> Mouser                                |
| <input type="checkbox"/> Barn Cat                    | <input type="checkbox"/> Breeding                     | <input type="checkbox"/> Other ( <i>please explain below</i> ) |
- 

### PERSONAL REFERENCES! *(Please do NOT list family members)*

Reference #1: Name: \_\_\_\_\_

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

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

Relationship to you: \_\_\_\_\_

Reference #2: Name: \_\_\_\_\_

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

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

Relationship to you: \_\_\_\_\_

### YOUR VETERINARIAN!

*To expedite the application process, please provide us with proof of your current pets' up-to-date vaccine records/documentation. If this is your first pet, please list the veterinarian you plan to see for the care of your dog.*

Are your current pets up-to-date on vaccines?  Yes  No

Is your named listed as the Primary Owner of the listed pet(s) with the Vet or Clinic's office?

Yes  No

If you answered no, who's name is listed as the Primary Owner? \_\_\_\_\_



Veterinarian's Name: \_\_\_\_\_

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

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

*We will be contacting your veterinarian for a reference check. Please contact your veterinarian in advance to grant our staff permission to access your pets' information/records.*

### ACKNOWLEDGMENT & RELEASE!

***Please initial each statement confirming your agreement and understanding.***

\_\_\_\_\_ I understand that the Humane Society of Harrisburg Area, Inc. is not able to give any guarantees on the health, training, or temperament of this animal and that the adoption fee(s) is not refundable under any circumstances.

\_\_\_\_\_ I understand and accept that authorized Humane Society of Harrisburg Area, Inc. agents sometimes will do follow-up visits to an adopter's home to check on the care the animal is receiving and can remove the animal if unsatisfied with the viewed conditions.

\_\_\_\_\_ Unanswered questions, incomplete answers, and/or false information may result in this animal's Adoption Application being denied. The Humane Society of Harrisburg Area, Inc. reserves the right to refuse adoptions.

\_\_\_\_\_ I/We give permission for the Humane Society of Harrisburg Area, Inc. and/or their agents to verify this information through any available means.

\_\_\_\_\_ Would you object to an authorized agent of the Humane Society of Harrisburg Area, Inc. inspecting the animal(s) and premises where the animal will be kept?

Yes

No

\_\_\_\_\_ I/We certify that the aforementioned information is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Witness - Print Name

\_\_\_\_\_  
Witness - Signature

