



Cat/Kitten Adoption Application Form

Name of animal(s) you would like to adopt: _____ Application Date: _____

Thank you for your offering to adopt a rescue animal. How did you hear about us?

___ Someone else ___ Petfinder.com ___ AdoptAPet.com ___ Saw a flyer ___ Pet store event _____

Please understand that filling out this application does not guarantee you will receive an animal, and that placement of an animal within your home is at the complete discretion of House of Critters.

Name: _____

Address: _____ Apt./Suite _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____ Year of Birth: _____ (must be over 21 to apply)

1. Please tell us what you would consider to be the perfect cat. What kind of personality traits are you looking for?

2. What kind of pet are you looking for? (mark all that apply)

___ **Companion** ___ **Family pet** ___ **Child's pet** ___ **Friend for other pet** ___ **Gift** ___ **Mouser**

3. Please list all animals you currently own:

Name _____ Animal: _____ Age: _____ Spayed/Neutered? ___ **Yes** ___ **No**

Name _____ Animal: _____ Age: _____ Spayed/Neutered? ___ **Yes** ___ **No**

4. Please list all the pets you have owned in the past 10 years that you no longer have:

Name _____ Animal _____ Age _____ What happened to it? _____

Name _____ Animal _____ Age _____ What happened to it? _____

5. If you have a veterinarian, please give their info below. If you do not have a vet, we can offer recommendations.

Name of vet clinic: _____ City _____ State _____

6. How do you feel about the following? (please feel free to give your opinion in detail)

Declawing: _____

Spaying/neutering: _____

Regular vaccinations (rabies, distemper): _____

Outdoor cats: _____

7. Do you own a home or rent? **Own**
 Rent → Does your landlord or lease allow pets? **Yes** **No**
 (Proof of agreement must be provided to adopt)
8. How long have you lived at your current address? _____ years
9. Please list the ages of those that live in your household? _____
10. Are you the head of your household (or one of the heads of your household)? **Yes** **No**
11. Is everyone in your household in favor of adopting a pet? **Yes** **No**
12. Who will be financially responsible for the pet's vet care? _____
13. Does anyone in your household have any allergies to cats? **Yes** **No**
14. Please list your occupation (or significant other's occupation) _____
15. Sometimes unforeseen health problems can occur, which may require considerable vetting.
 What do you feel is a reasonable amount to spend on veterinary care per year? (\$50, \$100, \$200, \$500, \$1000)
 \$_____ feel free to elaborate here: _____

16. Please estimate how much time you plan to have this pet inside and outside.
 Inside: _____% of the time Outside (unsupervised): _____% of the time
17. How many hours per day would the animal be alone? _____
18. How would you handle destructive behavior (i.e. scratching furniture)? _____
19. How would you handle a cat that is litter box trained, but suddenly starts urinating outside the litter box?

20. What will you do with the animal when you go on vacation? _____
21. What would you do with your animal if you had to move? _____

22. Cats can live as long as 15-20 years. Select any of the following that may cause you to give up the animal.
 Birth of a child **New roommate** **Marriage** **Divorce** **Needs regular medication**
 Biting **Spraying** **Allergies** **Unemployment**

23. What kind of personality traits in a cat are you NOT willing to live with? Select all of the following that apply.
 Excessive meowing **Unfriendly toward other pets** **Shy/skittish/hides**
 Urinating outside litter box **Jumps on kitchen counters/tables** **Aggressive** **Other** _____

24. Have you ever had to return a pet to a breeder or take one to a pound, shelter or rescue? **NO** **YES**
 IF YES, please explain. _____

I have read the foregoing and certify that the answers I have given are complete, true and not misleading in any way. By signing this I am authorizing House of Critters permission to contact landlords, associations and veterinarians.

Signature: _____ Date: _____

PLEASE FAX TO: 248-694-2030