

HEARTLAND ANIMAL SHELTER CAT ADOPTION APPLICATION

Before you begin: In order for your application to be considered, you must (1) be 21 or older; (2) have the consent of all adults living in your household; (3) have a valid ID with current address; and (4) have a current lease or landlord's name and phone number. Heartland Animal Shelter reserves the right to approve or deny your application; decisions are made with the best interests of the animals in mind but should not be construed as a negative reflection on the applicant.

Today's Date: _____ Cat's Name _____ Adoption Counselor's Name _____

Print Your Name: _____ Home# _____ Work# _____

Cell Phone# _____ Email _____

Address _____

City _____ State _____ Zip _____

Employer _____ Phone# _____

Your veterinarian's name _____ Phone# _____

Where do you live? *House Apartment Condo Mobile home Military base Dorm With parent*

Do you: Own ___ Rent ___ Landlord's Phone# _____

How did you learn about Heartland Animal Shelter? (Please Check) Newspaper _____,
Drive by _____, Yellow Pages _____, Referral from Friend or other _____, Internet _____

About your family:

Number of adults _____ Number of children _____ Their ages _____

Who will have feeding responsibility? _____ Adopting for indoor / outdoor-please circle.

Why are you seeking to adopt a cat? (Circle all that apply) *Companion for adults Gift*

Companion for another pet As a mouser Companion for children

What other pets have you owned in the last five years?

Pet's Name	Type/Breed	Kept Where?	Current Age	Gender	Spayed/Neutered?	What happened to pet?
				M F	Yes No	
				M F	Yes No	
				M F	Yes No	
				M F	Yes No	
				M F	Yes No	

When was your pet's to the Vet _____ Purpose _____

Is anyone in your house allergic to cats? _____

If you move, what will you do with your pet(s)? _____

Under what circumstances would you not keep the cat? _____

What times would be convenient for a follow-up home visit? _____

Pet Care:

How much do you plan to spend annually to feed, vaccinate, license, and provide medical care for your new cat?

\$50_____, \$50-\$100_____, \$100-\$150_____, over \$200_____

This pet will be without human companionship for about ____ hours per day, ____ days per week.

Where will the cat be kept during the day? _____ In the evening? _____

If the cat becomes destructive, what will you do? _____

Do you plan to de-claw your cat? _____

How will you train your cat not to scratch furniture? _____

How will you train your cat to stay off of countertops and tables? _____

What will you do if your cat urinates outside of the litter box? _____

What type of identification do you plan to place on your cat? _____

Would you consider adopting two cats for mutual companionship? _____

Cats can take up to a month to adjust to their new homes, particularly if other pets are involved. Are you willing to devote this much time? _____

Occasionally a cat is released prior to being spayed or neutered for medical reasons. Do you agree to return your pet to Heartland at the scheduled date and time for the spay/neuter procedure? _____

You will be required to bring a cat carrier upon picking up your cat/kitten. Heartland cannot allow cats/kittens to go home without a carrier. Are you able to provide a carrier? Yes____, No_____

By signing below, I recognize that this application is the property of Heartland Animal Shelter. I certify that the information I have given is true and correct. I understand that false information can result in the denial of this adoption. I authorize Heartland Animal Shelter to investigate the statements on this application, and further understand that Heartland has the right to deny this application for any reason.

Signature:_____ Date _____

FOR STAFF USE ONLY

ID # _____ Name of Cat _____ Age _____

Adoption Counselor's Name _____

Comments _____

Scheduled pick-up date _____

If needed, appt. date and time for spay/neuter procedure: _____

Staff Adoption Approval Signature _____