



# CAT Adoption/Foster Application

I'm interested in  Adopting  Fostering (Cat name) \_\_\_\_\_

## **PERSONAL INFORMATION**

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

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

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

Preferred Phone: \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you currently serving in the military or reserves?  Yes  No

Have you ever been convicted of a felony?  Yes  No If yes, please explain \_\_\_\_\_

## **CURRENT EMPLOYMENT INFORMATION (check all that apply)**

Employed full-time  Unemployed  Student

Employed part-time  Retired  Other: \_\_\_\_\_

If employed, name of employer: \_\_\_\_\_

Job title/line of work: \_\_\_\_\_ How long with present employer? \_\_\_\_\_

If a student, what college/university? \_\_\_\_\_

## **CURRENT HOME**

House  Townhouse  Co-op

Apartment  Mobile Home  Other: \_\_\_\_\_

Condo  Duplex \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Do you  Own  Rent  Live with parents

If you own, please present deed, mortgage payment book or tax bill.

If you rent, does your lease allow pets? (Be prepared to present copy of lease,)  Yes  No

Landlord's name: \_\_\_\_\_ Phone \_\_\_\_\_

## **FAMILY/HOUSEHOLD INFORMATION**

Please list names and ages of any **ADULTS (18 AND OVER)** who live in your home with you:

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

Please list names and ages of any **CHILDREN (UNDER 18)** who live in your home with you:

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Do you or anyone in your household have allergies to animals?  Yes  No

Is everyone in agreement with adopting?  Yes  No

Do you smoke, and if so, do you smoke in the home?  Yes  No

Please provide the names and ages of people who visit your home frequently:

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Have you owned a cat before?

Breed/Gender \_\_\_\_\_

Neutered/Spayed  Yes  No

The noise/activity level in my home is usually:  Low  Medium  High

Is anyone in your home unsure of cats?  Very (e.g. bitten as a child)  Somewhat (has had no experience)  None

How would you describe your level of housekeeping?  Very particular  Particular  Easygoing

### **VET CARE**

My pet/s' veterinarian is:

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

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

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

What is your estimate of the cost for annual routine vet care? \_\_\_\_\_

Please provide a description of what you consider to be routine vet care: \_\_\_\_\_

What will you do in case of a veterinary emergency (requiring surgery, meds, IV, etc.) \_\_\_\_\_

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Do you plan to declaw?  Yes  No

Are you familiar with heartworm disease?  Yes  No

Are you familiar with heartworm prevention?  Yes  No

Are your current pets on heartworm preventive medication?  Yes  No  N/A (no pets)

## **CURRENT AND PAST PETS**

I have owned these pets in the past 5 years:

Pet's Name	Type of Animal	Age	Spayed/Neutered?	Current on vaccines?	Deceased?	If deceased, what happened?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Does current pet get along with cats?  Yes  No

## **RESPONSIBILITY**

Who will be primarily responsible for the care of this cat?

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

If your pet/s were to survive you, what would happen to them? \_\_\_\_\_

Who would take responsibility for them? \_\_\_\_\_

Have you ever surrendered a pet to a shelter, pound or rescue?  Yes  No

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

If you move in the future, what will you do with the cat you are planning to adopt? \_\_\_\_\_

## **RETURN ISSUES What would cause you to return your cat to us in the future? (Check all that apply)**

### **BEHAVIORAL/HEALTH ISSUES (*bad habits that I just can't tolerate*)**

Biting/Nipping/Scratching

Litter Box Issues

Medical needs

Marking/Can't be housebroken

Fights with current pet(s)

Counter surfing

Chewing/destroying possessions

Clawing furniture/clothing

Vocalizing/yowling

Other \_\_\_\_\_

## **LIFE CHANGES**

Divorce or death of spouse/partner

New baby; concerns about safety

Loss of income

Change in my health

Kids leave home; won't care for cat

Changed my mind about caring for pet

New partner doesn't like the cat

New job, moving

None of the above

**CHARACTERISTICS THAT YOU WOULD LIKE IN A CAT** (Check all that apply):

Is quiet

Is moderately active

Is very playful

Prefers mostly family

Is calm when greeting people

Loves everyone

Is mellow/easygoing

Likes some petting

Is very affectionate

**LITTER BOX AND GROOMING**

**Litter Box:** Can you commit to daily litter scooping? (We recommend changing litter weekly.)  Yes  No

**Grooming** includes brushing/combing, and nail clipping or application of Soft Paws by you or others.

Your ideal cat:

Needs very little grooming

Needs grooming a few times weekly to daily

How will you prevent fleas? \_\_\_\_\_

**SOCIALIZATION**

How many hours per day will your cat be left alone? \_\_\_\_\_

Where will the cat be when left home alone?

Loose in the house

In a crate

In a room in the house

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

Do you agree to keep your cat as an indoor cat only?  Yes  No

**ADOPTION AGREEMENT**

If you are no longer able to keep the cat you adopt, do you agree that you must return the cat to I Heart Dogs Rescue and Animal Haven?  Yes  No

***Hold Harmless Waiver***

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 Application, I am authorizing I Heart Dogs to contact landlords, associates and veterinarians.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***Any falsification of information will cause your application to be rejected.***

***Incomplete applications will not be processed.***