



**FOR STAFF/RECEPTION USE ONLY**

**CAT**

Description of cat applying for:  
 ID# \_\_\_\_\_ - \_\_\_\_\_ Cat's Name: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
 Spay/Neutered: Yes No  
 Spay/Neuter Voucher Provided: Yes No  
 STAFF/RECEPTION ADOPTION OVERSEER INITIALS \* \_\_\_\_\_  
 Date: \_\_\_\_\_

*PLEASE COMPLETE IN ITS ENTIRETY.*

Name of Cat applying for: \_\_\_\_\_  
 Date you can come in: \_\_\_\_\_

**CAT ADOPTION APPLICATION** (Please Print Clearly & Answer all Questions.)

**The Hill Country Humane Society/SPCA has the right to refuse adoption to anyone.**

Applicant's name \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Local Address \_\_\_\_\_ Apt# \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**DESCRIPTION OF RESIDENCE:**

Do you Rent? \_\_\_\_\_ Own? \_\_\_\_\_

\_\_\_\_\_ House Property owner's name: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Apartment How long have you lived here? \_\_\_\_\_

\_\_\_\_\_ Mobile-Home

\_\_\_\_\_ Duplex #Adults in house \_\_\_\_\_ #Children \_\_\_\_\_ Children's Ages \_\_\_\_\_

**WHAT PETS DO YOU CURRENTLY HAVE IN YOUR HOUSEHOLD?**

KIND	SPAY/NEUTER	KEPT WHERE?	TIME OWNED	AGE
Dog__Cat__	Yes__No__	In__Out__	_____	_____
Dog__Cat__	Yes__No__	In__Out__	_____	_____
Dog__Cat__	Yes__No__	In__Out__	_____	_____
Other_____	Yes__No__	In__Out__	_____	_____

**LIST PREVIOUS PETS**

**WHAT HAPPENED**

KIND	SPAY/NEUTER	KEPT WHERE?	TIME OWNED	TO PET
Dog__Cat__	Yes__No__	In__Out__	_____	_____
Dog__Cat__	Yes__No__	In__Out__	_____	_____

- Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No
- What is the name of your veterinarian? \_\_\_\_\_
- Veterinarian's address \_\_\_\_\_
- How long have you used this Vet? \_\_\_\_\_
- Who will be responsible for the daily care/feeding of this CAT? \_\_\_\_\_
- Who will financially support this CAT? \_\_\_\_\_
- Reason for wanting this CAT? \_\_\_\_\_
- Where will you keep this CAT? \_\_\_\_\_
- Where will you keep this CAT when you TRAVEL? \_\_\_\_\_
- Do all members of this household WANT this CAT? \_\_\_\_\_
- If you have young children, they need to be educated on how to interact with the CAT in order to prevent bites/scratches, are you able/willing to do that?  
 \_\_\_ Yes \_\_\_ No
- How long will you give this CAT to adjust to its new home? \_\_\_\_\_
- How many hours will your CAT spend alone? \_\_\_\_\_
- If you must give up this CAT, what would you do with it? \_\_\_\_\_

- Would you object to a follow-up home visit by the Hill Country Humane Society/SPCA?  
Yes No Best day/time: \_\_\_\_\_
- What amount of time will the CAT be inside? \_\_\_\_\_ outside? \_\_\_\_\_
  - If adopting an outside CAT, do you have a CAT door? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Do you realize that an outside CAT may be run over, contract Feline leukemia, incur abscesses in catfights or be injured? \_\_\_\_\_ Yes \_\_\_\_\_ No
- What will you do if your CAT shows destructive behavior? (Jumping, tearing up plants/furniture, clawing furniture or running off) \_\_\_\_\_
- Will you provide your cat a scratching post or cat tree? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you planning on having this cat Declawed? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes why do you feel the need to declaw? \_\_\_\_\_

- Will you have your CAT **SPAYED OR NEUTERED** within the recommended time frame? (A surgical operation to prevent parenthood for animals) \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Where/who will perform the surgery? \_\_\_\_\_
  - What type of balanced nutrition do you intend to provide for your CAT?  
CAT Food Brand: \_\_\_\_\_ Dry or Wet
  - Will you have this CAT vaccinated annually, by a veterinarian, against infectious disease? \_\_\_\_\_ Veterinarian: \_\_\_\_\_
  - Are you familiar with Feline Leukemia? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Do you realize that Cats often live longer than 15 years and are you willing to assume responsibility for that long? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Where did you hear about the Christ-Yoder Animal Shelter/Adoption Center - Hill Country Humane Society/SPCA Adoption Program?  
\_\_\_\_ Friend \_\_\_\_ TV \_\_\_\_ Newspaper \_\_\_\_ Relative \_\_\_\_ Radio \_\_\_\_ Billboard \_\_\_\_ Petfinder  
\_\_\_\_ Internet \_\_\_\_ Other
  - Have you applied to adopt from this shelter before today? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Date: \_\_\_\_\_ Pet Adopted? Yes No
- If yes, where is this animal now? \_\_\_\_\_

**I certify the above is true and that false information may result in nullifying this adoption. The Hill Country Humane Society/SPCA has the right to refuse adoption to anyone. I understand that no animal can be held for me.**

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

Additional notes or comments: \_\_\_\_\_