

Humane Society of Iredell

Adoption Request for Cats

FAX Number 704-663-3353

E-mail: iredellhumane@yahoo.org

Physical address: 110 Robinson Road, Mooresville, NC 28117

Our adoption fee covers the expense of the spay/neuter, current vaccinations, and FeLV/FIV testing

Date _____

1. Name of cat(s) _____

2. Your name _____

3. Name of spouse/ roommate _____

4. Number of people in home: ADULTS _____ CHILDREN _____ AGES OF CHILDREN _____

5. Complete address _____

6. Telephone: HOME _____ WORK _____ MOBILE _____

7. E-Mail address _____

8. Is anyone in the household allergic to animals? YES NO If yes, who? _____ to what? _____

9. Occupations _____

10. Type of Dwelling: HOUSE CONDO APARTMENT OTHER

11. Do you RENT? OWN ?

12. If renting, what is your landlord's name? _____

PHONE? _____

13. Primary reason for adopting this cat? Companion for self companion for other cat gift

Other _____

14. Are you looking for an indoor cat? _____

16. Where will the cat be at night? _____

17. Do you plan to declaw? Yes No If yes, why? _____

18. Have you declawed cats in the past? Yes No If yes, why? _____

19. Do you own a pet now? Yes No Have you owned pets in the past? Yes No Please list below

Name	Cat/Dog	Age	Spayed/Neutered?	Do you still have pet?	Veterinarian used

20. Do you keep your pets on Heartworm Preventative **Yes No** Flea and Tick preventative? **Yes No**

If "no", why not? _____

Please make sure that all pet and veterinarian information is accurate and up to date. We do check references carefully and will reject an application solely on the basis of discrepancies found. If you have moved recently and/or have changed veterinarians, please make us aware so the information we procure will match what is in your application. Information from your veterinarian is completely confidential and cannot be discussed with the applicant once the reference check is completed. By filling out and submitting this application I hereby authorize any veterinarian named below to release any information and records concerning my past or present care of animals to whomever presents this application.

I give my permission for the HSI to contact the veterinarian named below, and for him/her to release all information and records concerning my past and present care of animals.

Signed _____ **Date** _____

21. Name of veterinarian or clinic you use the most _____

22. Address _____ Phone _____

23. How much time are you willing to spend helping this pet adjust to your home and lifestyle?

24. Under what circumstances would you not keep this cat? _____

25. Do you have knowledge and experience with behavior problems in cats? **Yes No**

If yes, what kind? _____

26. What would you do if the cat was destructive? (scratching, jumping on off limit areas, etc.)

27. What would you do if this cat would stop using the litter box? _____

28. Would you object to a home visit? **Yes No**

Although there is nothing like the love and companionship you can get from a pet, along with pet ownership there come responsibilities. There will be monetary costs as well as emotional costs such as the time you will need to spend with your pet each day. Having a pet is a LIFELONG OBLIGATION. By filling out and signing this application you are stating that you are ready for this pet and the responsibilities that go along with it.

I have completed this form to the best of my ability and the information included is correct.

Signed _____ **Date** _____