

Cat or Kitten's Name _____
 (Please circle cat or kitten)

Date _____

Thank you for coming to adopt a pet! We will do our best to find the right pet for you, but we need your help. If you are here to adopt a cat, please take a few moments to carefully read and complete this application. The decision to adopt a pet is an important one. In order to insure that you and your pet will be happy for years to come, we need to discuss your individual needs, the cat's personality traits, and our follow-up services. You must be at least 18 years old to apply for adoption.

Before you begin your interview with an adoption counselor, please note that you:

- Must be prepared to pay adoption fee.
- Must have one form of identification displaying your current address.
- Must provide the name and telephone number of a personal reference that we can reach on the phone during the interview process.

Please understand that we cannot guarantee the health of our cats or that the cat is litter box trained. PHS reserves the right to deny any application. *Thank you for your patience and cooperation.*

<u>Adoption Fees</u>	
Cats _____	\$100
Kittens _____	\$150
<u>(6 months and under)</u>	
<u>Senior-\$50.00 (8yrs and over)</u>	

PERSONAL DATA

Name				Age	
Home Address		City	State	Zip	Home Phone ()
Are You: <input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> Attending School <input type="checkbox"/> At Home <input type="checkbox"/> Other:					
E-Mail Address					
Employer's Name			Work Phone ()		

HOUSEHOLD INFORMATION

Are there other people (including children) living in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list information below:					
Name		Age			
1.					
2.					
3.					
4.					
Maximum number of hours cat will be left alone daily?		Who will be responsible for the cat? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Roommate			
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Does your landlord/lease or co-op allow cats? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Landlord's Phone # ()					
Where will the cat be kept primarily? <input type="checkbox"/> Inside <input type="checkbox"/> Outside					
Are any members of your household allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No					

PET INFORMATION - past and present (if none, state "none")

List below any pets you have owned					
Type of Pet	Age	Spayed/Neutered	How long did you have the pet?	Do you still have this pet? If not, where is it?	
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If there are pets living with you now, are their rabies and distemper vaccines current? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Veterinarian's Name		Address			Phone # ()

PHONE REFERENCES (Not living with you, but can be reached by telephone during interview.)

Reference Name	Address	City, State, Zip	Phone #
1.			()
2.			()

YOU AND PHS

Have you applied to adopt from PHS before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
How did you hear about our adoption service? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/> Other			
I would like to: <input type="checkbox"/> become a member of PHS <input type="checkbox"/> volunteer at PHS			

OVER →

