

Approved _____
Denied _____
PF _____

Northwoods Humane Society
PO Box 82* Hayward, WI 54843
715/634-5394

Cat _____
Notified Y/N _____
Date _____

CAT ADOPTION FORM

To help us help you and the cat you want to adopt be suited to each other, we would like you to fill out this application so that you and your future pet may live happily ever after...

ABOUT YOU AND YOUR HOUSEHOLD:

Name _____ Phone # _____ Email address _____
Mailing Address _____ City _____ State _____ Zip _____
Street/Physical Address _____ City _____ State _____ Zip _____
How long at this address? _____

Adopter Occupation _____ Work Phone _____
Do you own or rent? _____ If rent, Landlord's Name _____
Landlord contact information including Phone # and/or Email address _____

Names of other adults living in your household: _____

How many children (if any)? _____ Their ages: _____

Do any of the above people have allergies Y/N To what? _____

Why do you want to adopt a cat from us? _____

YOUR EXPERIENCE WITH PETS

How many pets have you owned as an adult? _____ Have you ever had to give up a pet? Y/N Why? _____

What happened to the pet? _____

How experienced do you feel you are as a cat owner? _____

PETS YOU HAVE OWNED IN THE LAST FIVE YEARS:

Name	Dog/Cat/other	M/F	Spay/Neuter	Breed	Where Kept	How long owned	Still own
_____	_____	M/F	Y/N	_____	_____	_____	_____
_____	_____	M/F	Y/N	_____	_____	_____	_____
_____	_____	M/F	Y/N	_____	_____	_____	_____
_____	_____	M/F	Y/N	_____	_____	_____	_____
_____	_____	M/F	Y/N	_____	_____	_____	_____

If you don't have the above pets anymore, please explain what happened to them _____

Who is your Veterinary Clinic? _____ Phone # _____

Do you agree to take your pet to your Veterinarian annually for full vaccinations and exam? Y/N
If no please explain _____

How much do you estimate it will cost to care for your cat for one year (food, vet bills etc.)? _____

Have you ever adopted from a Humane Society before Y/N : Explain _____

Are you willing to allow a NHS representative to visit your home by appointment to approve your application prior to adoption? Y/N If no, reason: _____

If you must move in the future, what will you do with your pets? _____

Do you agree to contact NHS if you are no longer able to keep your adopted cat? Y/N

Rescued cats need time to adjust to a new home. Are you willing to give your new pet time to ensure proper adjustment? (at least three weeks or more in many cases) Y/N

If no, how much time will you give your cat to adjust? _____

Who will have primary responsibility for your cats care? _____

What would be unacceptable behavior in your home for you to want to give up the cat? _____

CARE OF YOUR NEW CAT

Where will your cat be kept in the daytime? In home/Basement/Outside/Out building/Other
Where will your cat be kept at night? In home/Basement/Outside/ Out building/Other

If cat will be an outside cat, what type of shelter will it have? _____

Do you plan to let your cat exercise outdoors? Y/N Explain _____

What do you plan to feed your cat? (brand, dry/moist) _____

How will you transport your cat? _____

CATS CAN LIVE 18 YEARS OR MORE. ARE YOU PREPARED TO TAKE RESPONSIBILITY FOR YOUR NEW CATS ENTIRE LIFE????? _____

If you have no Veterinary references, please list 3 personal references

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Anything else you would like us to know?

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The undersigned applicant hereby grants the Humane Society permission to confirm any information provided in this application with any appropriate third party source, including landlord, veterinarian, etc. The information obtained will be held in confidence and used only by the Humane Society for purposes of this adoption.

I certify that all of the information is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected. I also understand that this adoption application is sole property of the Northwoods Humane Society. It is specifically understood that NHS reserves the right to deny any adoption application at its own discretion.

Signature

Date