



Which cat are you interested in adopting? \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Adopter Information**

First & Last Name: \_\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Length of time at this address: \_\_\_\_\_ Phone #'s: \_\_\_\_\_  
Email: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

**Household Information**

What is your current housing situation? I own my home I rent I live in military housing  
Does anyone in your household suffer from allergies (pet or otherwise)? Yes No Unknown  
Is everyone in your household aware of and agreed upon adopting a pet? Yes No Not yet  
Who lives in your household? I live alone I live with adults only (18+) I live with children (ages): \_\_\_\_\_  
Who do you live with? Spouse Parents Children Significant Other Roommates  
What type of dwelling do you live in? House Condo Apartment Mobile Home Dormitory Other: \_\_\_\_\_  
Is there a pet deposit where you live? Yes No If so, amount: \_\_\_\_\_  
Which of the following best describes the vibe in your home? Quiet Active Hectic Seldom home

**Desired Characteristics of the Cat**

What characteristics would you like your cat to have? Playful Affectionate Rambunctious Aloof Shy Lazy  
Lap Cat Naughty Friendly Social Vocal  
What age would you like your cat to be? Kitten Teen Adult No preference  
What length would you like your cats coat to be? Short Medium Long No preference  
How active would you like your cat to be? Low Medium High Very active

**Caring for the Cat**

For what reasons would you give the cat up? Moving Allergies Illness Biting Scratching  
Spraying Chewing Growling Too active Stealing food Destructiveness Litter box problems  
Hides the first week Pregnancy/New children in the house Compatibility with other pets  
Other: \_\_\_\_\_  
What would you do with the cat if you had to give it up? \_\_\_\_\_  
What would happen to the cat if something happened to you? \_\_\_\_\_  
How frequently do you travel either for business or pleasure? \_\_\_\_\_  
What will you do with the cat while you are traveling? \_\_\_\_\_  
For how many hours per day will your cat be left alone? \_\_\_\_\_  
How much adult supervision of animal & child will be provided? Max Some Minimal None N/A  
Reasons for wanting a cat: For kids House pet Gift Companionship Other: \_\_\_\_\_  
What brand of food will you feed the cat? \_\_\_\_\_  
Who will be responsible for feeding the cat? \_\_\_\_\_ Cleaning the litter box? \_\_\_\_\_

**Caring for the Cat**

Will you de-claw the cat?    Yes    No    Undecided                                  Do you have a dog or cat door?    Yes    No

Where will you keep the cat?    Indoors    Outdoors    Both    Other: \_\_\_\_\_

**Understanding Cat Ownership Costs**

How much do you think it costs, per year, to own a cat? \$\_\_\_\_\_

Cat ownership typically includes costs for routine vaccinations; preventative care like flea, tick, and heartworm prevention, dental care and oral health, high-quality nutrition, essential supplies (litter, litter box, toys, etc.), unexpected expenses (illness, accidents). Veterinary care can range from hundreds to thousands of dollars annually, depending on the cat's health.

Owning a cat involves ongoing financial responsibilities. Are you prepared for the associated costs?    Yes    No

If faced with unexpected expenses, how would you handle them? \_\_\_\_\_

Cats are long-lived companions, often living 15-20 years. Are you committed to providing ongoing care, including timely vaccinations and emergency treatment?    Yes    No

**Previous Pet Ownership**

Please list the animals that have shared your home in the past 5 years:

Name	Breed/Type	Sex	Age	Sterilized	Indoor / Outdoor	Tested for FIV/FeLV (cats only)	Declawed (cats only)	Still with you? If not why?

Veterinarian Contact Information for above animals:

Current Vet Name & Phone #: \_\_\_\_\_ Prior Vet Name & Phone #: \_\_\_\_\_

Do we have your permission to contact your vet(s) for a reference?    Yes    No

Have you ever adopted an animal?                      Yes    No    If yes, from where? \_\_\_\_\_

Have you ever surrendered an animal?                      Yes    No

If yes, please elaborate: \_\_\_\_\_

**Agreement and Signature**

I agree to allow a HOPE representative to perform a pre-adoption home check:    Yes    No

I am willing to stay in touch with a representative after adoption to check on the animal I am adopting:    Yes    No

I am aware that the adoption fee for the cat/kitten I am considering is non-refundable:    Yes    No

We do not guarantee the health of any animals offered for adoption. Any time you adopt an animal, you should take it to a licensed veterinarian as soon as possible. Your animal is, to the best of our knowledge, healthy, but will need to be started immediately on a program of preventative veterinary care. Like human illnesses, these disorders can have an incubation period of up to several weeks. If the animal you adopt shows signs of illness at any point, they must be taken promptly to your veterinarian for treatment.

I have read & understand this disclaimer: \_\_\_\_\_ (initials)

I attest that all answers I have provided on this application are true and correct. I understand that the HOPE has the right to refuse any applicant for any reason. Additionally, any money which is or will be given to this group and/or volunteers is a donation towards their work with animal rescue and adoption and is non-refundable. I hereby confirm that the information supplied here is truthful.

Adopter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Feel free to use this section to elaborate on any of the previous questions or to add any other relevant details

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