



Date \_\_/\_\_/\_\_

Animal's Name \_\_\_\_\_

**CAT ADOPTION APPLICATION**

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell/Other \_\_\_\_\_  
 Veterinarian \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Personal Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you over 60? Yes or No Date of Birth \_\_\_\_\_ Are you a Kibble Card holder? Yes or No  
 Are you a professional breeder? Yes or No What breed? \_\_\_\_\_  
 Do you travel frequently? Yes or No Who will care for you pet(s) while you're away?

Are you planning on moving in the next 6 months? Yes or No?  
 If you do move in the future, what will you do with your pet? \_\_\_\_\_  
 Have you ever surrendered any pets to the Humane Society of the White Mountains? Yes or No  
 If so, give details. \_\_\_\_\_  
 What type(s) of unacceptable behavior from the pet would cause you to return it to us? \_\_\_\_\_

Housing: \_\_\_ House \_\_\_ Apartment \_\_\_ Condo \_\_\_ Mobile Home  
 \_\_\_ Own \_\_\_ Rent \_\_\_ Live w/Parent \_\_\_ Rent MH Space  
 Landlord Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 How many members in the household? \_\_\_\_\_ adults \_\_\_\_\_ children/ages \_\_\_\_\_  
 Who will carry the main responsibility of caring for this animal? \_\_\_\_\_

Do you presently have other pets? Yes or No?  
 If so, the number of each: Dogs \_\_\_ Cats \_\_\_ Other (specify) \_\_\_\_\_  
 Are your current pets spayed / neutered? \_\_\_\_\_  
 How do you feel about spaying / neutering? \_\_\_\_\_  
 What characteristics about this pet do you find appealing? \_\_\_\_\_

Are you familiar with this breed-mix? \_\_\_\_\_  
 I expect to spend \$ \_\_\_\_\_ yearly for the care of my pet.

**You're Household**

**Cat Experience:**

\_\_\_ First time owner  
 \_\_\_ 1 or 2 cats  
 \_\_\_ Experienced

**Cat will be:**

\_\_\_ Mostly inside  
 \_\_\_ Mostly outside  
 \_\_\_ Rarely left alone  
 \_\_\_ Left alone 4 hours or less  
 \_\_\_ Left alone 4-8 hours

**Cat needs to be good w/:**

\_\_\_ Dog (s)  
 \_\_\_ Other cat (s)  
 \_\_\_ Children under 6 years  
 \_\_\_ Elderly People

**Level of activity in household:**

\_\_\_ Left alone over 8 hours  
 \_\_\_ Mouser  
 \_\_\_ Barn Cat  
 \_\_\_ Quiet  
 \_\_\_ Moderately Active  
 \_\_\_ Hectic/Noisy

**Where will cat sleep?** \_\_\_\_\_

**Your Ideal Cat**

**Adult Size**

0-12 lbs  
 13-20

**Age**

8-16 weeks  
 4-12 months  
 1-3 years  
 Older  No preference

**Coat**

Short  
 Medium  
 Long  
 Non- Shedding  
 Allergies in household

**Sex**

Male  Female  
 No preference

**Scratching**

Claws okay with scratching post  
 I plan to de-claw my new cat

**I want my cat to be:**

Playful  
 Laid back

**Preferred**

**Breed** \_\_\_\_\_

Anything else you would like to tell us: \_\_\_\_\_

\_\_\_\_\_

**The Humane Society does not provide rabies vaccinations. It is the responsibility of the adopter to seek additional vaccines including rabies. I understand that the Humane Society of the White Mountains requires all unaltered adoptions to be altered as stated in the adoptions agreement.**

Due to incubation periods for illness/disease, it is the recommendation of the Humane Society of the White Mountains that the newly adopted pet be kept separate from any other pets in the home for a period of 7 days. If the newly adopted pet becomes ill, it is the responsibility of the adopter to seek veterinary care for the pet or return the animal to the Humane Society of the White Mountains. If the adopter is unable to keep or care for the newly adopted pet, it may be returned to the Humane Society of the White Mountains. An exchange will be issued if the pet is returned **within 21 days** from the adoption date. **NO REFUNDS WILL BE GIVEN-NO EXCEPTIONS.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

ALL INFORMATION CONTAINED IN THIS APPLICATION WILL REMAIN CONFIDENTIAL AND THE PROPERTY OF THE HUMANE SOCIETY OF THE WHITE MOUNTAINS.

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

\_\_\_\_\_

Adoption Counselor: \_\_\_\_\_