

Cat Adoption Application

Thank you for taking the time to fill out this application. Your information will remain confidential and used only as part of the Happy Tails Animal Rescue Program.

PERSONAL INFORMATION (Please print):

| Name: | | | | Age: | Date: | _ Date: | |
|---|---------------------|--|---------------------|---------------------|-------------------|------------------------------|--|
| Address: | | | | | | | |
| City: | | | | State | e: Zip: _ | | |
| Home phon | ie: | | Work | /Cell phone: | | | |
| Email: | | | | | | | |
| How did yo | ou hear about us | ? | | | | | |
| How many | | ON: our household? ncluding self): | Ages: | Children | (under 21): | Ages: | |
| Does anyor | ne in the househ | old have allergies | to cats? Ye | No If yes, w | vho? | | |
| Please describe your household Active Noisy | | | | Quite | Averag | ge | |
| Do you live | in: HOUSE | APARTMENT | CONDO | DUPLEX | MOBILE HO | ME TOWNHOME | |
| Do you: | OWN RENT | LEASE How lo | ong have you be | een at this addr | ess? | | |
| Land | dlord's name | | _ Landlor | d's phone | | | |
| 5 | 0 | act your landlord to a eceive positive confir | 5 0 | uis în your nome is | s acceptable. You | will not be | |
| | ll of your curre | | | | | | |
| Dog/Cat | Breed | Name | Age | M/F | Altered? | How long owned? | |
| | | | | | | | |
| | | | | | | | |
| vaccinations. | If you have any con | you run out of space. cerns, please discuss | the idea of adoptin | g animals with you | r veterinarian. | | |
| Who will be t | the primary careta | ker of your animals? |) | | | | |
| Describe yo No yard | our yard: | | Partially fence | d yard | Comp | pletely fenced yard | |
| If you don | 't have a fenced | in yard, do you ag | gree to keep yo | ur cat on leash | at all times ou | tside? [□] Yes □ No | |

Do you have the time to provide adequate love and attention? • Yes • No

| How would you describe your level of | i e | 11.5 | | | | | |
|---|--|---|--|--|--|--|--|
| Never had a cat Had one or more as an adult | | □Had childhood pet dog □Have experience with powerful breeds | | | | | |
| Have experience working with on-going medical problems with a personal cat Have experience working at a boarding kennel/resort/pet sitting service etc., | | | | | | | |
| Have experience working with behavion Have experience working in a veterina | oral problems with a personal cat | | | | | | |
| Am a professional cat trainer Have previous foster/rescue experienc | ce, if yes, please describe: | | | | | | |
| Do you have experience with : a small cats List experience with specific breeds: | s □ medium cats □ large cats | | | | | | |
| Have you ever surrendered a pet? | Yes □No If yes, why? | | | | | | |
| Have you ever had a pet euthanized? | п Yes п No If yes, why? | | | | | | |
| How many hours during the AVERAGE day | will this cat spend WITHOUT a hum | an? | | | | | |
| Where will this cat be when someone is Where will this dog be when alone? | | dog sleep at night? | | | | | |
| What situations do you feel unprepared Excessive meowing Digging Shy, fearful, or undersocialized dog Not good with other animals Providing on-going training | Destructive chewing Escaping Not good with children Scratching/biting | Not housetrained Resource (food/toy) aggression Not good with other cats Administering medications | | | | | |
| How do you discipline your pets and wh | Very high activity level | evel Deaf/Blind cats | | | | | |
| | | | | | | | |
| Do you agree to keep this cat as an inc Do you agree to contact us if you can Are you willing to let a representative Do you agree to provide regular health Please provide the contact information new dog, if different: | no longer keep this cat? [□] Yes visit your home by appointment? care by a Licensed Veterinarian? | ם No ם Yes ם No ם Yes ם No n the past and plan to use with your | | | | | |
| Vet Name: | | | | | | | |
| Vet Phone: | | | | | | | |
| Person's name on vet records: | | | | | | | |

Provide references of two people who can provide information about your ability to care for a cat. Include name, telephone number and their relationship to you:

Name Telephone No. Relationship

1.

2.

I certify that the information I have given is true and I understand that Happy Tails Animal Rescue will contact my veterinarian, personal references (if applicable) to verify the information on this form.

If the adopter is not able to maintain the adopted pet at his/her primary residence the adopter agrees to immediately notify Happy Tails Animal Rescue. Happy Tails Animal Rescue will do everything possible to take the pet into foster care or re-home the pet, however due to limited resources; Happy Tails Animal Rescue can make no guarantees that they will be able to accept the pet back into the rescue. The adopter agrees that the adopted pet will under no circumstances be abandoned, turned over to an animal shelter, or euthanized (except in the case of a terminal and painful condition).

Happy Tails does NOT refund adoption fees.

The adopter acknowledges that Happy Tails Animal Rescue has provided the adopter with the medical All of the information I have given is true and complete. This dog will reside in my home as a pet. I will records and/or medical history of the adopted pet as it is known to Happy Tails Animal Rescue; however, provide it quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and the adopter understands that an undiagnosed medical condition may exist and that it is the responsibility of vaccinations under the supervision of a licensed veterinarian.

the adopter to hence forth provide veterinary care for adopted pet.

Happy Tails Animal Rescue makes no guarantee regarding the adopted pet's medical condition or future behaviors therefore the adopter holds Happy Tails Animal Rescue blameless regarding any and all loss, damage, expense or claim, regarding any and all situations surrounding the adopted pet and Happy Tails Animal Rescue's efforts to facilitate the rescue and adoption of the adopted pet.

(Signature)

(Date)