

DATE OF APPLICATION: _____

**CAT ADOPTION APPLICATION
HUMANE SOCIETY OF NORTHWEST MONTANA**

***YOU MUST BE 18 YEARS OF AGE OR OLDER TO ADOPT FROM THE HUMANE SOCIETY. PROOF OF AGE MAY BE REQUIRED WHEN SUBMITTING AN APPLICATION.**

PERSONAL INFORMATION

Name _____ Home Phone _____ Cell Phone _____
Physical Address _____ City _____ State _____ Zip _____
How long at this address? _____ If less than 2 years, list previous address:

Mailing Address _____ City _____ State _____ Zip _____
Email (optional) _____

Number of Persons in Household: Adults _____ Children _____ Children's Ages _____

Do all the adults in the home know that you plan to adopt a shelter pet? Yes _____ No _____

If No, explain _____

Name of employer: _____ Phone _____

Name of spouse's employer: _____ Phone _____

Does anyone in your household suffer from pet allergies? Yes _____ No _____

Has this, or could it, prohibit you from having pets in the past or future? Yes _____ No _____

Have you adopted an animal from us before? Yes _____ No _____ If so, when? _____ list pets:

RESIDENTIAL INFORMATION

Do you own _____ or rent _____ your home? What type? (Check below)

House _____ Apartment _____ Studio Apartment _____ Condo _____ Mobile Home _____ Duplex _____ Other _____

If you rent your home:

Does your lease allow pets? Yes _____ No _____ Is a pet deposit required? Yes _____ No _____

Has it been paid? _____

Landlord's name and phone number _____

If you own your home:

Are you under any homeowner's covenant which has regulations about pets? Yes _____ No _____

If yes, specify _____

ADOPTION INFORMATION

Name of cat(s) you are interested in adopting _____

Why are you interested in this particular animal?

Who is this pet for? Self _____ Family _____ Spouse _____ Child _____ Parent _____ Other (specify) _____

What are your reason(s) for adopting a pet? Check all that apply:

Family pet _____ Gift _____ Companion _____ Mouser _____ Other (please specify) _____

Who will be the person(s) in the household who will be responsible for the care of this pet?

What will happen to this animal if you have to move suddenly? _____

What will happen to your pet if you have to move to a residence that does not allow pets?

Where will your pet stay if you go on vacation? _____

Do you have a room where your new pet can be separated from your other pets at first, if needed?

Yes ___ No ___

The care of a pet means meeting financial responsibilities in order to keep your dog or cat healthy. General, non-emergency care of a pet can average \$350 or more per year.

Are you financially prepared to take your new pet for a veterinary exam **within 7 days** of adoption, to provide any necessary treatment and vaccinations? Yes ___ No ___

Do you feel that you are prepared to spend the necessary funds for the regular health care your pet will need? Yes ___ No ___

We may occasionally make home visits for animals adopted from this adoption center. Do you object to a home visit?

No ___ Yes ___

ADDITIONAL PET INFORMATION

Have you had any other pets in the past 10 years? Yes ___ No ___

Number of animals **currently** in your household: dogs ___ cats ___ puppies ___ kittens ___

If any of your pets were deceased in the past 10 years, please indicate the cause(s) of death:

Please list all CURRENT PETS below and mark the chart (use back of sheet if more space is needed):

Type of Animal (species/breed)	Name	Age	Sex	Spayed/Neutered	Vaccinations Current?	Where is animal kept most of the time?	Temperament
_____	_____	_____	M/F	Yes/No	Yes/No	inside/outside	_____
_____	_____	_____	M/F	Yes/No	Yes/No	inside/outside	_____
_____	_____	_____	M/F	Yes/No	Yes/No	inside/outside	_____
_____	_____	_____	M/F	Yes/No	Yes/No	inside/outside	_____
_____	_____	_____	M/F	Yes/No	Yes/No	inside/outside	_____

Your current veterinarian's name, address and phone

Whose name(s) are the animals' veterinary records listed under? _____

If you **do not** currently have a veterinarian, check here _____

Do any of your current pets have infectious diseases now or have they in the recent past? Yes ___ No ___

If yes, what was the nature of the illness, and was it treated?

What will you do if your newly adopted pet does not get along with your other pets for a while?

CAT ADOPTION ONLY

Have you ever owned a cat? Yes ___ No ___

What type of temperament do you prefer? friendly___ quiet ___ outgoing ___ playful___ laid back ___ energetic ___ other(specify) _____

Where will this cat be kept **most** of the time? Inside/Outside_____

Inside ___ Outside ___ If mostly OUTSIDE, how do you plan to shelter this cat?

How will you transport your cat (to the veterinarian, etc.)? _____

How many hours during each day will this pet be **without** human companionship? _____

How many hours per day can you spend quality time with your pet (playing, petting, brushing etc.) _____

What will you do if you find that your new pet has problems such as scratching, nipping, hissing, fighting with other animals, or other potentially destructive behaviors?

Are you prepared to deal patiently with such behavior problems, and do you want the pet badly enough to put up with these behaviors until a solution can be found? Yes ___ No ___

Are there any circumstance(s) which you could foresee that might cause you to give up this pet? If so, please explain:

I certify that the information provided on this form is true and correct. I understand that proper food and veterinary care will be costly and that I am financially able to meet these requirements. I understand that in some cases a home check may be mandatory prior to the animal's adoption. I understand that any false statements constitute grounds for confiscation and surrender of the animal to the Humane Society of Northwest Montana (HSNWM). I understand and agree that HSNWM may demand return of the animal for any violation of the terms of the adoption contract/agreement.

I further understand and agree that if, at any time during the animal's life, I am unable to keep the animal, I will make arrangements to return the animal to HSNWM.

Signature _____ Date _____

***THE HUMANE SOCIETY OF NORTHWEST MONTANA RESERVES THE RIGHT TO REFUSE ANY ADOPTION.**

NOTE: Hand deliver this form or fax to: 406-755-7388

