



HUMANE SOCIETY OF NORTHWEST INDIANA CAT ADOPTION APPLICATION

Welcome to the Humane Society of Northwest Indiana.

PLEASE READ CAREFULLY

Although the screening process may seem excessively time consuming, it is important to keep in mind that screening benefits potential adopters as much as it benefits the animals. Adoption screening increases the likelihood that you will adopt the animal that is right for you! Like humans, animals have unique personalities, backgrounds, temperaments and needs. Not *every animal* is appropriate for *every home*. Adoption applications and consultations are important tools in the decision making process. This form is designed to help you find the cat most compatible with your lifestyle. The Humane Society is responsible for helping potential adopters assess the compatibility of a companion animal. The donation fee required for dogs ranges from **\$85.00 and up**, depending on age, breed and veterinary procedures.

*** I understand that a home visit may be required before completion of adoption.***

HSNI reserves the right to refuse adoption to anyone if the adoption requirements are not met or if the HSNI feels that the best interests of the animal are not going to be met.

Each question on this application must be completed in as much detail as possible.

Please take time to accurately complete this application.

PLEASE PRINT CLEARLY

DATE _____
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE# _____
WORK# _____
CELL# _____
E-MAIL ADDRESS _____ DRIVER'S LICENSE # _____

THIS SPACE FOR HSNI USE ONLY	
<input type="checkbox"/> CAT	<input type="checkbox"/> KITTEN
SEX: <input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE AGE _____
COLOR _____	BREED _____
ADMIT # _____	
PETS NAME _____	
MEMO _____	

CAT ADOPTION APPLICATION

Please allow 2-3 working days to review and process your application.

- Are you 21 years of age or older? YES NO
- Can you provide us with one of the following?
- A current driver's license with current address? YES NO
-OR-
- One form of identification showing your current address, and a listed telephone number at that address? YES NO
- Will you have the **time** and **money** necessary to provide for training, medical treatment, grooming and proper care of this companion animal? YES NO

IF THE APPLICANT CANNOT BE REACHED OR DOES NOT COMPLY WITH THE REQUIREMENTS OF THIS ADOPTION, THIS APPLICATION WILL BECOME NULL AND VOID AFTER 3 DAYS FROM THE DATE OF THE APPLICATION.

APPLICANT INFORMATION: PLEASE PRINT CLEARLY

Applicants employer _____ Location _____

Work hours _____ Length of employment _____

I am not employed at this time _____

Marital Status: Single Engaged Partnered Married

Spouse's name _____

Spouse's employer, Location and telephone # _____

Work Hours _____ Length of employment _____

Not employed at this time

Time lived at current address _____ Time expected to remain _____

Number of adults in residence _____ Number of Children _____ Ages of Children _____

I have children who visit or live next door. Ages _____

Excluding children, spouse and applicant, list any other residents living in the household:

Name: _____

Relationship: _____

Type of residence: Own Home Rent Apartment Duplex Rent Home/Condo Mobile Home
 With Parents Live with someone else
 Other/Explain _____

If Rental: Name the property owner and telephone # _____

Please give directions to your residence: The purpose of this is for future home checks, fence checks and possible reclaims for failure to fulfill the contract. **Be clear and precise with your directions. If your are not precise or give incorrect directions to your residence, the yard check will not be done and the yard check fee will be forfeited. PLEASE PRINT.**

Are All Family Members Present? If not, who is missing? _____

The animal is for: Myself Partner Both Children All

Who will be responsible for the animal? Myself Partner Both Children All

This cat will be a gift for someone: Yes No

Would this be your first cat? YES NO

What has been your experience with cats? Had one growing up Have had one
 Have had 2 or 3 Have had more than 3

If you have children, what has been their exposure to cats? None Some A lot
 Cat? Kitten?

What is the level of activity of your household? Quiet Active Very active Hectic

Please check all that apply where the pet will be kept at one time or another:

- House Shed Crate Backyard
 Porch Barn Basement Other
 At work Outside buildings

When the animal is inside it will be left: (check all that apply)

- Crated Room Basement Tied Other _____

Will this cat be let outside? Yes No Sometimes

Will this cat be a mouser? Yes No Sometimes

Where will the cat be kept at nighttime? Inside Outside

Please tell us why you would like to adopt an animal from us. Check all that apply.

- Companion For a child To breed Mouser Gift
 Companion for other pet Other _____

What activity level are you looking for in a cat? Calm, will sit in your lap
 Semi-active, will require medium level of stimulation
 Active, will require daily mental and physical stimulation.

Will you spay or neuter this animal? YES NO

If yes, why? _____

If no, why not? _____

Have you adopted from a shelter before? YES NO What shelter? _____

How much do you anticipate on spending yearly to feed, vaccinate, license and provide medical care for your new pet?

\$100.00 \$200.00 \$350.00 \$500.00 Other: _____

Will this animal be replacing a currently owned animal? YES NO If yes, explain:

LIST ALL OF THE PETS YOU HAVE OWNED WITHIN THE LAST 7 YEARS

PET # 1 Dog Cat Other: _____ Name: _____

Breed: _____ Age: _____

Spayed/Neutered? YES NO Male Female

Housed: Indoors Outdoors Both, explain _____

Do you still have this pet? YES NO **If no, explain in detail what happened to the pet.**

Was this pet euthanized (put to sleep) YES NO

PET # 2 Dog Cat Other: _____ Name: _____

Breed: _____ Age: _____

Spayed/Neutered? YES NO Male Female

Housed: Indoors Outdoors Both, explain _____

Do you still have this pet? YES NO **If no, explain in detail what happened to the pet.**

Was this pet euthanized? YES NO

PET # 3 Dog Cat Other: _____ Name: _____

Breed: _____ Age: _____

Housed: Indoors Outdoors Both, explain _____

Do you still have this pet? YES NO **If no, explain in detail what happened to the pet.**

Was this pet euthanized? YES NO

PET # 4 Dog Cat Other: _____ Name: _____

Breed: _____ Age: _____

Housed: Indoors Outdoors Both, explain _____

Do you still have this pet? YES NO **If no, explain in detail what happened to the pet.**

Do you have or had pets other than the pets listed above? YES NO

Did your pets, previous and current, receive annual veterinary care? YES NO

If yes, please mark which ones.

Cats: Yearly booster YES NO

Rabies YES NO

Feline Leukemia YES NO

Test for parasites YES NO

Dogs: Yearly booster YES NO

Rabies YES NO

Test for parasites YES NO

Heartworm test YES NO

Is monthly heartworm preventative given? YES No If yes what brand? _____

Name of Veterinary Clinic: _____

Phone # of Clinic: _____

Name of Veterinarian: _____

Whose name is listed on the account? _____

Are you aware of the annual routine vaccinations recommended for the health and protection of cats?

YES NO

Are you prepared financially for emergency medical and or major medical care for the pet?

YES NO *Please be aware that emergency and major medical care needed for dogs can be very expensive.*

What helped you decide to adopt a companion pet from us? Internet Drive by
 PetSmart Recommended
 Newspaper Phone book
 Other _____

Would you be willing to support us by becoming a member of the Humane Society and receive our quarterly newsletter?

Membership is \$10.00 a year. YES NO

Would you be willing to Volunteer your time/talents to support us? YES NO

CERTIFICATION

I certify that the information is true and accurate to the best of my knowledge. _____
initial

I understand that the Humane Society of Northwest Indiana reserves the right to deny an application for **any reason**. I further understand that any **FALSE** or **INCOMPLETE** answers on this application may constitute grounds for rejection of this application.

Applicants Signature

FOR STAFF USE ONLY

Check List: Vet _____ Landlord _____
A.C. _____ Phone _____
Spouse _____ D.N.A. _____

MEMO _____

APPROVED DISAPPROVED REASON _____