



**CAT ADOPTION APPLICATION**  
**(Making a 15 – 20 year Commitment)**

**Humane Society of Wayne County**

ID#	
Cat's Name	
Current	
P/U Date	

**PLEASE PRINT**

Last name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #s: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_\_ OK to Call at Work? Yes No

Are you 18 years of age or older? Yes No

If no, parent's/guardian's signature witnessed by a HSWC staff member is required below:

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Household composition: # Adults? \_\_\_\_\_ # Children? \_\_\_\_\_ Children's Ages \_\_\_\_\_

Does anyone in the household suffer from allergies to animals? Yes No

Do you **OWN** a: House? Mobile Home?

If in a mobile home park, owner's name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

If **RENTING**, do you rent a(n) Apartment? Mobile Home? Dorm Room?

If renting, owner's name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Does the owner require:

- 1. a security deposit to keep a pet? Yes No
- 2. an additional monthly rental fee to keep a pet? Yes No

Have you adopted from a shelter before? Yes No Do you still have the pet? Yes No

If no, why not? \_\_\_\_\_

What is your reason for wanting a cat/kitten? \_\_\_\_\_

Will this cat live Inside? Outside? Both

What would you do with the cat if you moved? \_\_\_\_\_

How did you hear about us? Word of mouth Flyer Radio/TV Print media

Internet site (which one?) \_\_\_\_\_ Other \_\_\_\_\_

If you wish to receive updates about shelter activities and information about animals and animal care, please

**PRINT** your e-mail address \_\_\_\_\_

**PLEASE LIST ALL CATS AND DOGS YOU HAVE OWNED IN THE PAST 5 YEARS**

Pet's Name	Dog/Cat	Breed	Age	Sex	Altered?	If no longer in the household, what happened to the pet?

Is your pet(s) vaccinated against: Rabies? Yes No Distemper? Yes No

If your pet(s) is a dog(s), has your dog(s) been vaccinated against:

Parvovirus? Yes No Kennel Cough? Yes No

Has your dog(s) been tested for heartworms? Yes No

Do you give your dog(s) heartworm prevention medicine? Yes No

Is your dog(s) licensed? Yes No

If your pet(s) is a cat(s), has your cat(s) been tested for:

Feline Leukemia? Yes No Feline "AIDS"? Yes No

Is your cat(s) vaccinated against: Feline Leukemia? Yes No Feline "AIDS"? Yes No

Will you keep your animal(s) up-to-date on vaccinations/preventions? Yes No

If no, why not? \_\_\_\_\_

What vet hospital(s) do you use? \_\_\_\_\_ Phone #:(\_\_\_\_\_) \_\_\_\_\_

What name are the vet records under at the vet hospital? \_\_\_\_\_

Have you ever had a cat that had kittens? Yes No If yes, did you spay the cat? Yes No

To feed and provide proper vet care, are you prepared to spend about **\$300** per cat per year? Yes No

- **I understand that falsification or omission of any of the above information will result in an automatic application denial.**
- **I authorize the release of my name and information for the exclusive use of Hills Science Diet so that I may receive promotional discounts, coupons, and other information from them.**
  - **Do not release my information to Hills Science Diet**
- **I give permission to my vet hospital to release any records pertaining to my animals or animals that I have owned to the HSWC for the purpose of processing my application.**

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

**The Humane Society of Wayne County reserves the right to deny this application.**

**FOR HUMANE SOCIETY USE ONLY**

Driver's License # \_\_\_\_\_

Adoption fee	
S/N Deposit	
Total	

Approved Denied By whom? \_\_\_\_\_