

# Cat Adoption Application

H.O.P.E. Safehouse, Inc.  
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Cat(s) Interested in: \_\_\_\_\_

Rcvd date/time \_\_\_\_\_

Approved / Rejected \_\_\_\_\_ Counselor \_\_\_\_\_

**Please complete entire application and return to HOPE via E-mail, Fax or US Mail:**

**APPLICANT:**

Last Name \_\_\_\_\_ Legal First \_\_\_\_\_ MI \_\_\_\_\_

Maiden Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Dr. License # \_\_\_\_\_ State \_\_\_\_\_

E-mail \_\_\_\_\_

**CO-APPLICANT:**

Last Name \_\_\_\_\_ Legal First \_\_\_\_\_ MI \_\_\_\_\_

Maiden Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Dr. License # \_\_\_\_\_ State \_\_\_\_\_

E-Mail \_\_\_\_\_

Relationship to APPLICANT: \_\_\_\_\_

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**Current Address** \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of time at this address \_\_\_\_\_ Mos / Yrs Do you Own / Rent? \_\_\_\_\_

If Rent, Landlord's name & ph# \_\_\_\_\_

**Previous Address** \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of time at this address \_\_\_\_\_ Mos / Yrs

Home Ph # ( ) \_\_\_\_\_

Applicant Cell # ( ) \_\_\_\_\_ Co-App Cell # ( ) \_\_\_\_\_

No. of Adults in household \_\_\_\_\_

No. of Children (under 18) in household \_\_\_\_\_ Ages \_\_\_\_\_

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**Current Employers:**

**Applicant** \_\_\_\_\_ Wk# ( ) \_\_\_\_\_ Shift \_\_\_\_\_

How long employed here \_\_\_\_\_ Mos / Yrs

**Co-App** \_\_\_\_\_ Wk# ( ) \_\_\_\_\_ Shift \_\_\_\_\_

How long employed here \_\_\_\_\_ Mos / Yrs

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**Cat Experience:**

Ever trained a kitten before? YES \_\_\_ NO \_\_\_      Ever trained an adult cat? YES \_\_\_ NO \_\_\_

Have a carrying crate? YES \_\_\_ NO \_\_\_      Have any allergies to pets? YES \_\_\_ NO \_\_\_

Have a scratching pole? YES \_\_\_ NO \_\_\_      Will this be your first cat on your own? YES \_\_\_ NO \_\_\_

Have you ever gone to pet classes? YES \_\_\_ NO \_\_\_

Have you ever had to get rid of or re-home a pet? YES \_\_\_ NO \_\_\_

If YES, please explain \_\_\_\_\_

\_\_\_\_\_

How long have you been looking for a new cat / kitten? \_\_\_\_\_

Who will be responsible for feeding, training, and vet care? \_\_\_\_\_

Do you intend to declaw? YES \_\_\_ NO \_\_\_

How many hours a day will the cat be left alone? \_\_\_\_\_

Where will the cat be housed? (Can choose more than 1) Indoor only \_\_\_\_\_ Outdoors only \_\_\_\_\_

Both In & Out \_\_\_\_\_ Barn \_\_\_\_\_ Other \_\_\_\_\_

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**CURRENT PETS** (list only Cats & Dogs) Write "None" if you currently have no pets

Pet's Name	Dog or Cat	Breed	Age Now	How long had Pet	Kept Inside Outside or Both	Vet used for Pet

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**PAST PETS** List all pets (Cats & Dogs only) Applicant & Co-Applicant have each had in the last 10 years. Write "None" if you have had no other pets in the last 10 years. Do not include your parent's pets.

Pet's Name	Dog or Cat	Breed	Where you got pet from	How long had pet	Where pet is now

**VET HISTORY** List all Vet Clinics you used with these pets --- Clinic Name, Pet Name(s), Phone # & City

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**Please read and sign:**

*I certify that all information I have given on this application is true. I understand that any false information, unanswered questions or omitted information will result in immediate rejection.*

*I hereby give my authorization for release to HOPE Safehouse, Inc., their successors and assigns, of any and all veterinarian / clinic records for all my pets, past and present, including but not limited to: examinations, vaccine history, tests, surgeries, clinic notes, etc.*

Printed Name \_\_\_\_\_  
**APPLICANT**

Printed Name \_\_\_\_\_  
**CO-APPLICANT**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT      DATE**

\_\_\_\_\_  
**SIGNATURE OF CO-APPL      DATE**

----- **OFFICE USE** -----

**Verified:**    Address \_\_\_\_\_ Landlord \_\_\_\_\_ Visual \_\_\_\_\_ Employment \_\_\_\_\_

Reference \_\_\_\_\_ Criminal \_\_\_\_\_ File \_\_\_\_\_

Pet History \_\_\_\_\_