

Cat Adoption Application

H.O.P.E. Safehouse, Inc.

1234 Lathrop Ave.

Racine, WI 53405

Phone: (262) 634-4571

hopesafehouse@gmail.com

Fax: (262) 898-1596

www.hopesafehouse.org

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: _____

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

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 _____

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

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

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 _____