



1840 E. Lancaster • Fort Worth, Texas 76103 • 817.332.4768

*Kindness, justice and mercy to every living creature*

## **CAT ADOPTION APPLICATION**

Welcome to the Humane Society of North Texas. Adopting a companion animal is a major COMMITMENT and a RESPONSIBILITY that should be taken seriously by all members of your family. The animals available for adoption at the Humane Society of North Texas (HSNT) are animals that we have received from anyone and anywhere throughout our open door policy. No animal is ever turned away.

We do our best to screen the health of each animal as it is received during the time it is house at HSNT. However, there is always a chance that the animal is incubating a disease at the time of admission without showing any clinical signs of disease. This simply means that the animal appears healthy and if it had been exposed to disease before admission, the vaccinations it received at admission would be ineffective in combating the disease.

In order to be considered as an adopter you must:

- Be 18 years or older
- Have identification showing your present address
- Have the knowledge and consent of all adults living in your household
- Be able and wiling to spend the time and money necessary to provide the training, medical treatment and proper care for the companion animal
- Have the cash to pay an adoption fee (HSNT accepts checks with a valid TX driver's license)
- Understand that HSNT has the right to deny or approve your adoption application. The application will be retained in HSNT files.

Please print or write legibly all your responses:

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ RESIDENCE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOW LONG AT THIS ADDRESS? \_\_\_\_\_ DO YOU: Own \_\_\_ Rent \_\_\_ LANDLORD'S NAME \_\_\_\_\_

PLACE OF EMPLOYMENT? \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NO. OF ADULTS IN HOUSEHOLD \_\_\_\_\_ CHILDREN \_\_\_\_\_ AGES: \_\_\_\_\_

WHO WILL BE RESPONSIBLE FOR YOUR CAT? \_\_\_\_\_

COMPANION ANIMALS CURRENTLY IN YOUR HOUSEHOLD:

	<i>Type/Name of Animal</i>	<i>Spayed/Neutered</i>	<i>Kept Where</i>	<i>Time owned</i>	<i>Age</i>
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____

LIST YOUR PREVIOUS COMPANION ANIMALS:

	Type/Name of Animal	Spayed/Neutered	Kept Where	Time owned	Age	Where is it now?
1)	_____	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____	_____

NAME AND ADDRESS OF YOUR CURRENT VETERINARIAN: \_\_\_\_\_

WHERE WILL YOU KEEP YOUR CAT? (Check all that apply)

\_\_\_\_HOUSE \_\_\_\_ CATTERY \_\_\_\_ YARD \_\_\_\_ GARAGE \_\_\_\_ PATIO \_\_\_\_ OTHER

HOW MANY HOURS WILL YOUR CAT SPEND ALONE: \_\_\_\_WEEKDAYS \_\_\_\_WEEKENDS

HOW LONG WILL YOU ALLOW FOR THE CAT TO ADJUST TO ITS NEW HOME? \_\_\_\_\_

IF YOU HAD TO GIVE UP YOUR ANIMAL, WHAT WOULD YOU DO WITH IT? \_\_\_\_\_

WOULD YOU OBJECT TO A FOLLOW-UP HOME VISIT BY HSNT? \_\_\_\_\_

WHAT BREED DO YOU WISH TO ADOPT? \_\_\_\_\_ GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_

IN SUMMARY, PLEASE WRITE WHY YOU WISH TO ADOPT AN ANIMAL FROM HSNT:  
\_\_\_\_\_  
\_\_\_\_\_

CAN YOU KEEP YOUR NEW PET ISOLATED FROM EXISITING PETS FOR AT LEAST A WEEK? \_\_\_\_\_

WILL YOU ALLOW YOUR CAT TO PARENT A LITTER? \_\_\_\_YES \_\_\_\_NO EXPLAIN WHY?  
\_\_\_\_\_

DO YOU WANT THE CAT FOR (Check all that apply) \_\_\_\_COMPANION \_\_\_\_BREEDER \_\_\_\_MOUSER

\_\_\_\_GIFT FOR WHOM? \_\_\_\_COMPANION FOR YOUR OTHER ANIMAL \_\_\_\_OTHER

WOULD YOU LIKE INFORMATION ON HOW TO HELP YOUR CAT BECOME ACCUSTOM TO ITS NEW HOME? \_\_\_\_\_

DO YOU WANT TO HAVE YOUR CAT SPAYED? \_\_\_\_YES \_\_\_\_NO EXPLAIN:  
\_\_\_\_\_

DO YOU INTEND TO DECLAW YOUR CAT? \_\_\_\_\_ IF YES, WHY? \_\_\_\_\_

WILL YOUR CAT BE KEPT AT HOME OR WORK? \_\_\_\_\_

WHAT TYPE OF BALANCED NUTRION WILL YOU PROVIDE YOUR CAT? \_\_\_\_\_

ARE YOU FAMILIAR WITH FELINE LEUKEMIA? \_\_\_\_YES \_\_\_\_NO

ARE YOU FAMILIAR WITH FELINE UROLOGICAL SYNDROME? \_\_\_\_YES \_\_\_\_NO

CATS OFTEN LIVE LONGER THAN 15 YEARS, ARE YOU WILLING TO ASSUME RESPONSIBILITY FOR THE LIFE OF THIS ANIMAL? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHERE DID YOU HEAR ABOUT HSNT'S ADOPTION PROGRAM? \_\_\_\_\_ FRIEND \_\_\_\_\_ RELATIVE \_\_\_\_\_ TV  
\_\_\_\_\_ NEWSPAPER \_\_\_\_\_ RADIO \_\_\_\_\_ OTHER

THE HUMANE SOCIETY OF NORTH TEXAS RESERCVES THE RIGHT TO REFUSE ADOPTION TO ANYONE.

I CERTIFY THAT THE AVOVE IS TRUE AND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION.

ADOPTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<p><b><i>OFFICE USE ONLY:</i></b></p> <p>STIPULATION: _____ COUNSELOR: _____</p> <p>TDL: _____ D.O.B _____ EXPIRES: _____</p> <p>COMMENTS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>APPROVED: _____ DISAPPROVED: _____ PENDING; _____</p>
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