

Animal interested in: \_\_\_\_\_

**Humane Society of Central Illinois CAT ADOPTION APPLICATION**

In order to be considered for an adoption you **must:** 1) **be at least 21 years of age** 2) have the knowledge and consent of all adults living in your household 3) have a valid I.D. with current address 4) understand that completing this application does not guarantee adoption and that the Humane Society of Central Illinois must approve your application.

**Adopter** \_\_\_\_\_  
First Name Middle Last Name

**Co-Adopter(s)** \_\_\_\_\_  
(Please print name(s) of all other adults in the home)

**E-mail:** \_\_\_\_\_  Add to HSCI email list

**Address:** \_\_\_\_\_ **Unit #** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**DO YOU:** Attend School \_\_\_\_\_ Work \_\_\_\_\_ Employer \_\_\_\_\_ Spouse's employer: \_\_\_\_\_

**DO YOU LIVE IN A:** House: \_\_\_\_\_ Apartment: \_\_\_\_\_ Condo: \_\_\_\_\_ Mobile Home: \_\_\_\_\_

**DO YOU:** Rent: \_\_\_\_\_ Own: \_\_\_\_\_ Live with Parents \_\_\_\_\_ (If so, Parents' names) \_\_\_\_\_

**Landlord's Name:** \_\_\_\_\_ **Landlord's Phone:** \_\_\_\_\_

**How long at current address:** \_\_\_\_\_ **If less than 1 year, please list previous address and how long there:** \_\_\_\_\_

**Please provide the following information about your household:** Number of adults: \_\_\_\_\_ Number of children: \_\_\_\_\_

**Ages of children:** \_\_\_\_\_ **Do the children live in the home fulltime?** \_\_\_\_\_

**How many pets do you have now:** Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ **How many pets have you had in the last 5 years:** \_\_\_\_\_

**Please list any pets *you now have or have had* in the past. If more space is needed use additional sheet.**

<u>NAME</u>	<u>TYPE/BREED</u>	<u>AGE</u>	<u>SEX</u>	<u>FIXED?</u>	<u>WHY YOU NO LONGER HAVE</u>

Have you ever adopted from HSCI? \_\_\_\_\_ When? \_\_\_\_\_

Are your current pets up to date on vaccinations and other necessary vet care? \_\_\_\_\_

What veterinarian would have records( current/past)? \_\_\_\_\_ Phone: \_\_\_\_\_

Whose name are the vet records under? \_\_\_\_\_

Which veterinarian do you plan to use? \_\_\_\_\_

Who will be primarily responsible for the care (feeding, grooming, exercise and training) of your new pet? \_\_\_\_\_

How much do you anticipate spending yearly on food, vet care and other expenses for your cat? \_\_\_\_\_

How much time will this cat be alone (without human companionship) \_\_\_\_\_ Hours \_\_\_\_\_ Days a week

Will your cat be allowed outdoors? \_\_\_\_\_

Do you plan on declawing your cat? \_\_\_\_\_ Front feet \_\_\_\_\_ All four feet \_\_\_\_\_

How will you teach your cat to: Stay off counters \_\_\_\_\_

Not scratch furniture \_\_\_\_\_

What will you do if your cat: urinates outside the litter box? \_\_\_\_\_

How long do you expect it to take your new cat to adjust to its new home and learn proper behaviors? \_\_\_\_\_

Are you interested in adopting: a cat? \_\_\_\_\_ or kitten? \_\_\_\_\_ Up to what age? \_\_\_\_\_ sex: F or M

Hair length? \_\_\_\_\_ Color? \_\_\_\_\_ Any other specifics? \_\_\_\_\_

By signing below, I certify that the information given is true and correct and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. I also give my veterinarian permission to release any vet care records and information about my current and past pets to the Humane Society of Central Illinois. I understand that this application is the property of the Humane Society of Central Illinois and that the Humane Society of Central Illinois has the right to deny my request to adopt. In the event of an adoption, I authorize the Humane Society of Central Illinois to share my email and information with Hill's Science Diet and 24PetWatch. I authorize the Humane Society of Central Illinois to use my likeness in a photograph in any and all forms and media, including but not limited to publications, brochures, websites, exhibitions, digital media, social media such as Facebook, and any other printed or digital publications.

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

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

Staff use only: ID checked \_\_\_\_/\_\_\_\_/\_\_\_\_

Ark checked \_\_\_\_/\_\_\_\_/\_\_\_\_

Landlord checked: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff notes \_\_\_\_\_

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