

Cat Adoption Application

The Greater Huntsville Humane Society reserves the right to refuse any pet adoption.

Cat applying for:	S	B#								
Contact Information										
NameSpouse/Partner/Roommate										
Address:	Apt#	City:	State: Zip:							
Email:	State:									
Occupation:	Spouse/Partner Occupation:									
Home:	Cell; Work:									
D.O.B.	Are you at least 21 years of age? YES or NO									
Emergency Contact:	Contact Number:									
Adoption Questionnaire										
	APARTMENT (CONDO MOBILE	HOME OTHER:							
Do you: OWN RENT Landlord's Name:Phone:										
How many people live in the home besides you? How many children? Ages?										
Do you live with your parents, grandparents, etc.? YES or NO										
Is anyone in your home allergic to cats? YES or NO										
Is everyone in agreement with the decision to adopt a cat? YES or NO										
Reason for wanting a cat? Companion For Children Gift Mouser Companion for pet										
Are you financially stable enough to provide adequate food, water, shelter and medical care for your pet? YES or NO										
Have you considered the extra expenses associated with having a pet, including injuries/illnesses that can occur with your pet at any given time? YES or NO										
Adopting a pet is a lifelong commitment and should not be an impulse decision. Please list the steps you've taken to prepare for a new pet:										
Who will be the primary caregive	ver for the pet?		-2							
What will you do with your pet i	i you have to travel, m	iove or go on a vacation	11							

How many hou	rs will your pet be	left ald	one and	d unattended	in a norma	al 24-hour day?		
Do you plan to	keep your pet prii	marily:	INSID	E OU	TSIDE 🗆	вотн 🗌		
Where do you	plan to keep your	pet wh	en <u>left</u>	alone? LOC	SE IN HO	USE BE	DROOM D BATHROOM	
GARAGE □	OUTSIDE 🗌	UTILI	TY RO	OM 🗆	THER:			
	ir pet 2+ weeks to e a change in env						ared to allow this adjustment, NO	
Is your family's	lifestyle: Active/	Athleti	с	Quiet/Laidb	ack□ I	Busy/On the g	o ☐ Average ☐	
Are you plannir	ng to declaw your	new ca	ıt/kitter	? YES or	NO			
Please list the pets you currently own or have owned in the last 6 years:								
Name of pet	Type/ Breed	Age	Sex	Spayed or neutered?	Shots up to date?	Do you still have this pet?	If no, why?	
						,		
Who is your current veterinarian?Phone:								
Legal Agreement								
I understand that GHHS has the right to undergo a pre-adoption inspection of my home. INITIAL: I understand that GHHS adoption fees are NON-REFUNDABLE. INITIAL: I understand that once the adoption is completed and contract is signed, I am thereafter responsible for any veterinary care my new adopted pet may require. INITIAL: I understand that all adoptions are on a first come, first serve basis on the day of availability. Approval of this application does not reserve a pet, but approves me to adopt from GHHS. INITIAL:								
I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied any adoptions of a shelter pet. I understand that completion of this application does not guarantee an adoption.								
Signature: Date:								
STAFF USE ONLY								
APPROVED ☐ DENIED ☐ APPROVAL PENDING [NG 🗆	Adopter SB #			
Staff Initials:	Date							