

# Chippewa Humane Cat Adoption Application

Received: _____
Approved: _____
Denied: _____
Reason: _____
_____
_____

This application is to help us determine whether the adoption is in the best interest of the cat(s), as well as to assist you in finding the animal most compatible with you, your home, and your lifestyle. Thank you for taking the time to read and complete this application and go through our adoption process

**Please fill out this application completely.**



In order to be considered for an adoption you must:

- \* Be 21 years of age & have verifiable identification.
- \* Have knowledge & consent of all adults living in your household.
- \* Have landlord's consent to bring an animal onto your property.
- \* Understand that CHA has the right to deny or approve an application at its discretion.
- \* Understand that applying does not guarantee approval nor does it reserve animals for you.
- \* Understand that we process applications as quickly as possible, but the process can take several days to complete.
- \* **Complete all blanks on this form. Missing information will delay or disqualify your application.**

### Adopter Information

Are you 21 or over?  Yes  No      Date of Birth \_\_\_\_\_

Name \_\_\_\_\_      Primary Phone \_\_\_\_\_

Secondary Person (if applicable) \_\_\_\_\_      Secondary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Time lived at this address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Time with Current Employer \_\_\_\_\_

### Household Information

Are other people in your home experienced with cats?  Yes  No

Does everyone in the house want to get a new cat?  Yes  No

Have all the members of your home met the animal?  Yes  No

Household activity level:  Quiet  Active  Very Active

Please list the names and ages of other members in your household:

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

Do you live in a:  House  Apartment  Mobile Home (Own)  Mobile Home - Which Park? \_\_\_\_\_

Duplex  Dorm  Other

Do you:  Own  Rent  Live with Family

\* If you rent or live with family: Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have the homeowner's permission to have a cat?  Yes  No

Are you aware of any restrictions that would prevent you from adopting a cat?

No Restrictions  Landlord Permission  Must be Declawed  Must be Spayed/Neutered  Age Restrictions

## Pre-Adoption Questions (please answer all)

What is the name of the animal you are interested in adopting? \_\_\_\_\_

Who is this pet being adopted for?  Myself/My Family  For friend as gift

Why have you decided to adopt? \_\_\_\_\_

What will you do to ensure you will be a responsible owner? \_\_\_\_\_

What do you know about the breed(s) you want to adopt (breed characteristics, potential health issues, etc.)? \_\_\_\_\_

What happens if you get another animal that doesn't like this animal? \_\_\_\_\_

What happens if it has accidents in the house? \_\_\_\_\_

Do you plan to spay/neuter?  Yes  No  N/A- already done

Do you plan to breed?  Yes  No  N/A

Do any family members have allergies?  Yes  No

Have you applied to adopt from CCHA or another animal shelter before?  Yes  No

If yes, when and where? \_\_\_\_\_

Have you ever brought an animal to a shelter?  Yes  No

If yes, why? \_\_\_\_\_

Have you ever given an animal to another person?  Yes  No

If yes, why? \_\_\_\_\_

Are there any life-altering events in your near future (baby, moving, divorce, job layoff)? \_\_\_\_\_

If you move in the future, what will you do with the cat? \_\_\_\_\_

What problems would make you want to return the pet? (Check all that apply)

Litterbox issues

Biting/Scratching

Chewing

Shyness/Fear Hiding

Clawing furniture

Other \_\_\_\_\_

How do you plan to deal with:

• Aggression

• Scratching (furniture or people)

• Shyness/Hiding

• Climbing on furniture/counters

• Play biting

• Chewing plants/cords

Are you willing to deal with unforeseen circumstances this pet may present?  Yes  No

This cat will be:  inside only  outside only  inside & outside

Do you intend to declaw this cat?  No  Front declaw  Front & Back declaw

Reason: \_\_\_\_\_

Do you understand that declawing can cause chronic pain, litterbox issues, biting, aggression or personality changes in the cat?  Yes  No

How experienced do you feel in securing veterinary care for a cat?

No experience - but I am eager to learn!  Some Experience - I know how to find a veterinarian

I have a vet that I use and love!  Other: \_\_\_\_\_

When adopting an unneutered or unspayed cat from CHA, it is required to have the cat spayed/neutered. Are you prepared financially and willing to comply with this policy?  Yes  No

***It may take the new pet a month or longer to adjust to your home.***

Are you prepared for this adjustment period? \_\_\_\_\_

**Are you committed to spend 12- 20+ years providing health care, food, grooming & attention to the cat?**

Yes  No

**Pet Ownership Experience**

In the box below, please list all pets you have owned in the last five years (including those no longer with you), and all pets currently living in the home (this includes pets belonging to roommates, etc.)

Species (cat/dog/bird)	Name of animal	Sex (m/f)	Type/Breed	Kept Where (in, out, both)	Age	Spayed/ Neutered (yes/no)	Still own (yes/no)

If you no longer have any of the pets listed above, please explain what happened to them:

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\* If you have not owned any pets in the last five years, and there are no pets currently living in the home with you, please check here:  (you can leave the following section blank)

Are your pets up to date with vaccinations?  Yes  No  I don't know

What Vet Clinic do you use? \_\_\_\_\_ Phone \_\_\_\_\_

What is the pet owner's name on the account at the vet clinic? \_\_\_\_\_

**Please Read Carefully and Sign:** The undersigned applicant hereby grants the Chippewa Humane Association permission to confirm any information provided in this application with any appropriate third-party source, including landlords, veterinarians, etc. The information obtained will be held in confidence and used only by the Chippewa Humane Association for purposes of this adoption application. I certify that all the information on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. I also understand that this adoption application is at its own discretion. It is specifically understood that the Chippewa Humane Association reserves the right to deny any adoption application at its own discretion.

Signature \_\_\_\_\_

Date \_\_\_\_\_

References: 1)

2)