

CAT ADOPTION APPLICATION

Please fill out the following application. Upon completion, an Adoption Counselor will review it. *Please understand that Happy Tales Humane must approve your application before an adoption can occur.*

APPLICANT/CO-APPLICANT INFORMATION

Name: _____ Date: _____

Name(s) of other adult(s) involved in adoption decision: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Phone Number(s) to reach other adults not at adoption: _____

If Happy Tales Humane needs to call you for more information or to perform follow-up calls after adoption, which number is best? ___ Home ___ Work

What time of day is best? ___ 10 am – 1 pm ___ 1 pm – 5 pm ___ 5 pm – 8 pm

Email Address: _____

Have you adopted from Happy Tales before? ___ Yes ___ No If yes, when? _____

RESIDENCE

1. If you rent, please complete the following for verification that pets are allowed:

Landlord Contact Name: _____ Phone: _____

Name of Complex: _____

2. How long have you lived at your present address? _____

3. Do you plan on moving in the near future? ___ Yes ___ No

If yes, new address: _____

4. If you move to a rental property that does not accept pets, what will you do with your adopted cat? _____

FAMILY/HOUSEHOLD INFORMATION

1. **VERY IMPORTANT:** Have all adults in the household agreed to this adoption? ___ Yes ___ No

2. Does anyone in the household suffer from pet allergies or asthma? ___ Yes ___ No If yes, how will adopting a pet affect this condition and how is the condition treated? _____

3. If you have to move in the future, what will you do with your pet? _____

VETERINARY INFORMATION

Happy Tales Humane performs a vet check on all current animals in your home. Please complete the following:

1. Vet clinic where your pets currently go: _____
Phone: _____

2. Any past clinic(s) where your records may be obtained:

VET CLINIC	PHONE

3. If you have cats, have they been tested for Feline Aids (FIV) and Feline Leukemia? ___Yes ___No

4. (a) If your pet suddenly becomes ill, are you willing and able to afford a bill of \$300 or more for emergency treatment? ___Yes ___No

(b) Are you willing to treat a life-long medical condition should one develop? ___Yes ___No

(c) Are you willing and able to provide routine medical care ranging from \$300-\$500 annually? ___Yes ___No

NEW PET INFORMATION

1. Why do you think this is the right time for you to adopt a pet? _____

2. Name of or type of cat you are interested: _____

3. Is this your first experience with cats? ___Yes ___No

4. Who will be responsible for caring for this cat? _____

5. Are you willing to allow the cat at least two weeks to adapt to its new home? ___Yes ___No

6. What would cause you to return this cat? _____

7. How will you train your cat not to scratch furniture or stay off tables/counters, etc.? _____

8. Will this cat be allowed outdoors? ___Yes ___No

9. Are you committed to providing a responsible home for your cat's entire life, maybe 15 years or more?

10. Do you plan to have your cat de-clawed? ___Yes ___No If yes, why? _____

11. Where will the cat stay during the day? _____ at night? _____

12. How many hours will the cat spend alone without people? _____

13. Where will the cat be kept when alone? _____

14. What will you do with your cat when you travel? _____

15. How often will you clean the litter box? _____

16. Would you consider adopting another cat/kitten as a companion for the first? ____Yes ____No

REFERENCES

Please provide three (3) non-family references who can speak about your capacity to love and care for your pet (such as a vet, pastor, neighbor, friend, etc...):

NAME	PHONE

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**DISCLAIMER**

Many of the cats in our program have come from Animal Control facilities or were found as strays. Our vet screens each cat for noticeable health problems and vaccinates each cat. Each cat is tested for Feline AIDS/Leukemia and is given flea and tick preventative. However, with all of this care, a small percentage of cats may require vet care or become ill shortly after adoption. Please let an Adoption Counselor know if you have any questions regarding this statement.

**Initial that you have read:** \_\_\_\_\_

**INFORMATION RELEASE**

By signing below, I certify that the information I have given is true and any misrepresentation of the facts may result in my losing privilege of adopting a pet. I understand that Happy Tales Humane has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that this application is the property of Happy Tales Humane.

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

Thank you for your patience and for considering a pet from Happy Tales Humane!

Happy Tales Humane  
230 Franklin Road, Suite 1303  
Franklin, TN 37064  
Phone: (615) 791-0827 or (615) 261-7387  
Fax: (615) 599-8473