



Hillsdale Felines and Friends

ADOPTION APPLICATION

Name: _____ Driver's License: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone #1: _____ Phone #2: _____

Your Age: 18 or under 19 – 20 21 – 54 55+ Length of time living at address: _____

Do you: Own Rent Apartment Rent House Live with Parents Other: _____

Landlord Name and Phone: _____

Known rental restrictions/conditions: Front Declaw Back Declaw Other: _____

Are you: Employed Unemployed Retired Student Name of Employer: _____

Is anyone in your household allergic to cats? Yes No How many people live in your house? _____

Are there children in your home? Yes No Ages of Children: _____

Co-Applicant: _____ Relationship: _____

Email: _____ Phone: _____ Employer: _____

Age: 18 or under 19 – 20 21 – 54 55+ Employed Unemployed Retired Student

Cat Experience:

- First-time owner
- Have had one or two cats
- Cat expert!

Time Away from Home:

- Home all day
- Home part-time
- Away 7-10 hours daily
- Away longer than 10 hours

Our Cat Will:

- Live indoors only
- Go indoors/outdoors
- Live outdoors only

How much do you anticipate spending yearly to provide food and medical care for your new cat?

- Less than \$100
- \$100 - \$200
- \$200 - \$300
- \$300 - \$400
- \$400 - \$500
- \$500+

Where will your cat stay when left alone?

Current Pets in Home

Type of animal: _____

Name: _____

Age: _____ Male Female

Spayed/Neutered Yes No

Kept: Inside Outside Both

How long have you had this pet? _____

Type of animal: _____

Name: _____

Age: _____ Male Female

Spayed/Neutered Yes No

Kept: Inside Outside Both

How long have you had this pet? _____



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Home Atmosphere:

- Busy! Lots of Activity/Noise
- Moderate. Some visitors
- Quiet and Serene

How will you provide entertainment for your cat?

- Toys Play with my cat
- Play with other pet (dog/cat)
- Other:

Type of animal: _____

Name: _____

Age: _____ Male Female

Spayed/Neutered Yes No

Kept: Inside Outside Both

How long have you had this pet? _____

Current Veterinarian & phone number:

Secondary Veterinarian (if applicable):

Name(s) of cats you are interested in adopting from our facility:

Please list any additional pets that have been in your care the past eight years (include all exotic pets):

Name/Type of Animal	Breed	Years Owned	Spayed/ Neutered	Inside/Outside	Where is pet now? (if deceased, when?)

Have you ever had to find a new home for one of your pets, or surrender a pet to a shelter or animal control?

- Yes No If yes, please explain:

What will you do with your cat when you go on vacation?

If you have to move, what would you do with your cat?

In the case of personal illness or your death, who will provide care for your cat?

Under what circumstances would you need to return your cat to Hillsdale Felines and Friends?

Are any of your current or previous cats declawed? Yes No

Do you plan to declaw your new cat? Yes No

If you marked yes to declawing, please explain reasons why:

- Protect furniture Protect wood fixtures/flooring Young children

Other (please explain in space provided):

How much time will you give your cat to adjust to your home?

What type of cat best describes what you are looking for in your future companion (check all that apply):



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- | | | | | |
|--|--|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Playful (with toys) | <input type="checkbox"/> Playful (rough-house) | <input type="checkbox"/> Rambunctious | <input type="checkbox"/> Calm | <input type="checkbox"/> Attention-junkie |
| <input type="checkbox"/> Regal | <input type="checkbox"/> Lap-seeker | <input type="checkbox"/> Independent | <input type="checkbox"/> Vocal | <input type="checkbox"/> Reserved/quiet |
| <input type="checkbox"/> Loving/Cuddly | <input type="checkbox"/> Sassy | <input type="checkbox"/> Explorer | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Durable |

Do you understand that the Hillsdale Felines and Friends does not guarantee the health of its animals and that additional medical care at your personal expense may be necessary? Yes No

Personal References (non-family members)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I have seriously considered all aspects of adopting a cat and I am aware of the time and money involved. I am prepared to make a commitment to the pet being adopted for its lifetime. I certify that the answers on this application are accurate and understand that false information will result in nullifying the adoption.

Signature

Date