



# Humane Society of Terrell County Cat/Kitten Adoption Application

Which pet(s) are you interested in? \_\_\_\_\_

**Applicant:** \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, & ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Which type of housing do you live in?  House  Apartment  Condo/Townhouse  Mobile Home  
Do you...  Own your home  Rent your home  Live with parents?  
If you rent, do you have your landlord's permission to own a cat?  Yes  No  
Apartment complex and/or Landlord's name and phone number: \_\_\_\_\_

How many times have you moved in the past 5 years? \_\_\_\_\_  
If you move, will your pet(s) go with you?  Yes  No  
Would you consider moving somewhere that doesn't allow pets?  Yes  No

Please list the name, age, and relationship to applicant of any other members of your household.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does anyone in your household smoke?  Yes  No Have allergies?  Yes  No \_\_\_\_\_  
Will this cat be a surprise for anyone living in your house?  Yes  No If so, who? \_\_\_\_\_  
What activity level best describes your home?  
 Busy – visits by friends, meetings, parties, children  
 Moderate – normal comings and goings  
 Quiet – “homebodies”, few guests

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**Current and Past Pets:**

How many pets do you currently have? \_\_\_\_\_

Cats: \_\_\_\_\_ Dogs: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Please list each pet's name, age, and breed:

Name	Age	Breed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Are your current pets spayed or neutered?  Yes  No If not, please explain: \_\_\_\_\_

Are your pets on heartworm prevention?  Yes  No Flea prevention?  Yes  No

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Besides those listed above, how many other pets have you had in the last five years?

Cats: \_\_\_\_\_ Dogs: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Please list each pet's name, breed, and what happened to each of them (put to sleep or died (please give reason), run over, given away, sold, ran away, etc.):

Name	Breed	What Happened and Pet's Age at that Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Have any of your current or past pets ever had a serious illness, injury, or behavior problem?  Yes  No

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

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Have you ever surrendered a pet to a shelter or rescue group?  Yes  No

If so, please explain the circumstances? \_\_\_\_\_

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Have you ever adopted a pet from a shelter or rescue group?  Yes  No

If so, which shelter or group and when? \_\_\_\_\_

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Please check any of the following reasons for adopting this pet:  Family Pet  Child's Pet

Companion  Companion for other pet  Gift  Other – please specify: \_\_\_\_\_

List any general questions you would like to ask about this particular cat: \_\_\_\_\_

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Who will be responsible for the daily care and training of this pet? \_\_\_\_\_

Where will this pet live?  Outside only  Inside only  Inside/Outside

What procedures will you use for housetraining? Check all that apply:  Litterbox

Outside only  Other: \_\_\_\_\_

How many hours will your cat be alone on a typical day?

Where will your pet stay when you are not at home?  Outside  Outside on chain or tie-out

Outside in fenced yard  In garage  Inside in crate  Inside free run of house  Inside one room of house

Other: \_\_\_\_\_

How do you plan to prevent fleas and ticks on this pet? \_\_\_\_\_

Do you know what preventative vaccines cats need? \_\_\_\_\_

What type of identification do you plan to use for this pet?  ID tag  Microchip  Tattoo  None

If you are unable to keep this pet any reason, will you return the cat to HSTC?  Yes  No

What is the name and phone number of your veterinarian or vet clinic? \_\_\_\_\_

What do you expect pet care (vet care, vaccines, food, toys, etc.) to cost yearly? \$ \_\_\_\_\_

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A cat can live well over 10 years and requires a major commitment of time, finances, and emotion. Why do you feel you can make that kind of commitment at this time?

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**References:**

Please list the name, phone number, and occupation of two personal references. Please do not include relatives.

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How did you hear about the Humane Society of Terrell County?  HSTC website  PetFinder.com  Radio  
 Newspaper  Word of mouth  At an adoption event or fundraiser  Other: \_\_\_\_\_

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I have read the above information carefully and have filled out this application honestly and in its entirety. Falsification of any of the above information will be grounds for disallowing the adoption of the pet and possible removal of said pet from my home. Applicant must be 18 years of age or older. HSTC reserves the right to refuse any applicant. I give HSTC permission to investigate to the fullest extent of their legal capability, the information written above as well as conduct inquiries with landlords, veterinarians, and related officials.

In addition, I understand that the decision of which animals are adopted to specific homes is dependent upon many varying factors, including but not limited to, the compatibility of home and family to the individual animal(s), and the amount of eligible applications received on this animal. I realize that it is HSTC's prerogative to place the animal in the home HSTC feels is most appropriate and that HSTC's decision is final.

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

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