



HUMANE SOCIETY OF NORTHWEST INDIANA CAT ADOPTION APPLICATION

Welcome to the Humane Society of Northwest Indiana.

Amount \$	_____
Rabies \$	_____
Memship \$	_____

PLEASE READ CAREFULLY

Although the screening process may seem excessively time consuming, it is important to keep in mind that screening benefits potential adopters as much as it benefits the animals. Adoption screening increases the likelihood that you will adopt the animal that is right for you! Like humans, animals have unique personalities, backgrounds, temperaments and needs. Not *every animal* is appropriate for *every home*. Adoption applications and consultations are important tools in the decision making process. This form is designed to help you find the cat most compatible with your lifestyle. The Humane Society is responsible for helping potential adopters assess the compatibility of a companion animal.

HSNI reserves the right to refuse adoption to anyone if the adoption requirements are not met or if the HSNI feels that the best interests of the animal are not going to be met.

Please take time to accurately complete this application.

PLEASE PRINT CLEARLY

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE# _____

WORK# _____

CELL# _____

E-MAIL ADDRESS _____

	CAT	KITTEN	
SEX:	MALE	FEMALE	AGE

COLOR	BREED _____		
PETS NAME	_____		
MEMO	_____		

CAT ADOPTION APPLICATION

Please allow 2-3 working days to review and process your application.

Are you 21 years of age or older? YES
NO

Can you provide us with one of the following?
A current driver's license with current address? YES
NO
-OR-

One form of identification showing your current address, and a listed telephone number at that address? YES
NO

animal? YES NO

STAFF USE ONLY	
Vet	LL
A.C.	PH
Sps	DNA
MEMO	_____

IF THE APPLICANT CANNOT BE REACHED OR DOES NOT COMPLY WITH THE REQUIREMENTS OF THIS ADOPTION, THIS APPLICATION WILL BECOME NULL AND VOID AFTER 3 DAYS FROM THE DATE OF THE APPLICATION.

Will you spay or neuter this animal? YES NO
If yes, why? _____
If no, why not? _____

Have you adopted from a shelter before? YES NO What shelter? _____

How much do you anticipate on spending yearly to feed, vaccinate, license and provide medical care for your new pet?
\$100.00 \$200.00 \$350.00 \$500.00 Other: _____

Will this animal be replacing a currently owned animal? YES NO If yes, explain:

LIST ALL OF THE PETS YOU HAVE OWNED WITHIN THE LAST 7 YEARS

PET # 1 Dog Cat Other: _____ Name: _____
Breed: _____ Age: _____
Spayed/Neutered? YES NO Male Female
Housed: Indoors Outdoors Both, explain

Do you still have this pet? YES NO **If no, explain in detail what happened to the pet.**

Was this pet euthanized (put to sleep) YES NO

PET # 2 Dog Cat Other: _____ Name: _____
Breed: _____ Age: _____
Spayed/Neutered? YES NO Male Female
Housed: Indoors Outdoors Both, explain

Do you still have this pet? YES NO **If no, explain in detail what happened to the pet.**

Was this pet euthanized? YES NO

PET # 3 Dog Cat Other: _____ Name: _____
Breed: _____ Age: _____
Housed: Indoors Outdoors Both, explain

Do you still have this pet? YES NO **If no, explain in detail what happened to the pet.**

Was this pet euthanized? YES NO

PET # 4 Dog Cat Other: _____ Name: _____

Did your pets, previous and current, receive annual veterinary care?

YES

NO

If yes, please mark which ones.

Cats: Yearly booster YES NO

Rabies YES NO

Feline Leukemia YES NO

Test for parasites YES NO

Dogs: Yearly booster YES NO

Rabies YES NO

Test for parasites YES NO

Heartworm test YES NO

Is monthly heartworm preventative given? YES No If yes what brand? _____

Name of Veterinary Clinic: _____

Phone # of Clinic: _____

Name of Veterinarian: _____

Whose name is listed on the account? _____

Do we have your permission to contact your veterinarian if there are any questions concerning your pets medical history?

YES NO

Are you aware of the annual routine vaccinations recommended for the health and protection of cats?

YES NO

Are you prepared financially for emergency medical and or major medical care for the pet?

YES NO *Please be aware that emergency and major medical care needed for dogs can be very expensive.*

What helped you decide to adopt a companion pet from us?

Internet

Drive by

PetSmart

Recommended

Newspaper

Phone book

Other _____

Would you be willing to support us by becoming a member of the Humane Society and receive our quarterly newsletter?

Membership is \$10.00 a year. YES NO

Would you be willing to Volunteer your time/talents to support us? YES NO

CERTIFICATION

I certify that the information is true and accurate to the best of my knowledge. _____

initial

I understand that the Humane Society of Northwest Indiana reserves the right to deny an application for **any reason**. I further understand that any **FALSE** or **INCOMPLETE** answers on this application may constitute grounds for rejection of this application.
