

Humane Society of the Delta
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www.humanesocietyofthedelta.org
Email: info@humanesocietyofthedelta.org

FELINE ADOPTION APPLICATION

Date: _____

Name of the pet(s) you would like to adopt: _____

Circle the type of pet(s) you would be interested in adopting: Kitten Young Cat Adult Cat Senior Cat

Adopter Information

Adopter's Name: _____

Spouse's Name: _____

Street Address _____ Apartment number: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail address: _____

Driver's License Number: _____ Expiration Date: _____ Issuing State: _____

Date of Birth: _____

Age Group: 1-17 18-25 26-35 36-59 60+

If 21 or under, Parent's Name: _____ Home Phone: _____

Household Information

Who do you live with?

Spouse Parent Children Significant Other Roommates Other pets Alone

Number of Children in household: _____ List children's ages: _____

Number of Pets in household: _____ Types of pets: _____

Any family members suffer from pet allergies? Yes No

➤ If so, allergic to: Dogs Cats Both

Home Ownership Status: Own Rent/Lease

➤ If Rent/Lease, Homeowner's Name & Phone# _____

Residence Type: House Condo Apartment Mobile Home Dormitory Other:

➤ If Apartment Complex, Complex Name: _____

Landlord's Name: _____ Landlord's phone#: _____

Extra Security deposit for pets? Yes No

➤ If so, how much?

Employed: Yes No

➤ If so, place of employment: _____

City: _____ State: _____ Position: _____

Length of Employment: _____ Work Phone: _____

Pet Ownership History

How many pets do you currently own? _____

How many pets have you owned in the past? _____

Pet History - Please list your PRESENT AND PAST, starting with the most recent first:

Name of Pet	Breed/type	Sex	Age	Spayed/Neutered	If no longer, what happened?

Will the animal live with you? Yes No
 ➤If not, with whom with the animal live: _____
 Have you ever adopted an animal from us? Yes No
 ➤If so, approximate date(s): _____
 Have you ever surrendered an animal to us? Yes No
 ➤If so, explain: _____

Animal Care Information

Reason(s) for wanting cat (circle all that apply):
 Mouser Companionship Breeding Gift Barn Cat
 House Pet for Children Replacement for a deceased pet Other: _____

Where will this cat live:
 Indoor Only Outdoor only Both Indoor/Outdoor
 How long after adoption would you start allowing your cat/kitten outdoors?
 Immediately Never Other: _____

Where will this cat spend the day? _____
 Where will the cat spend the night? _____

Do you intend to have this cat spayed/neutered? Yes No
 ➤If not, why? _____

What would you do if your new cat is not using the litter pan? _____

What would you do if you new cat starts clawing the furniture? _____

Do you plan to de-claw your pet? Yes No

Name of current veterinarian: _____

If none, vet you pan to use: _____ Veterinarian's Phone# _____

If you currently have a cat, is it current on all vaccinations? Yes No

If you currently have a cat, are you using a heartworm preventative? Yes No

➤If no, what kind: _____

If you currently have a cat, are you using a flea and tick preventative? Yes No

➤If so, what kind: _____

Are you aware of the current related laws that pertain to owning a pet where you reside? Yes No

Often times pets coming from a shelter environment will require continued medical care to treat and/or prevent intestinal parasites. Are you prepared to provide this needed care for an adopted pet? Yes No

Kittens under the age of four months require a series of three to four vaccines before being considered fully immunized. Adult pets will require yearly booster vaccines. Are you prepared to provide this needed care for an adopted cat? Yes No

Cats and kittens who are in shelters have a higher risk of exposure to illnesses due to the amount of animals they are potentially exposed to. Humane Society of the Delta makes every effort possible to ensure the health and well being of its adoptable pets. Once in a while, despite best efforts, a pet will become ill post adoption. Pet insurance is provided that typically helps cover the cost of minor health issues. Adopters are responsible for the deductible and signing up for this insurance offer after adoption. If a life threatening illness occurs within two weeks of adoption, Humane Society of the Delta will take back the pet and treat him or her at our partner veterinarian. As a not for profit organization, all bills you incur at your private veterinary clinic will not be repaid. Do you understand the health and treatment policies of the Humane Society of the Delta?

Yes No

NOTE Application must be completed in its entirety. If you leave any items incomplete, your application will be denied. Please help us speed up the adoption process and ensure all items are complete before you submit this application.

Many factors go into determining which applicant will be matched with a particular animal. If you are not chosen for this pet, it does not mean that you are not considered a good pet owner or that your home is not acceptable. Our goal is to place every animal in a home that will best suit its needs.

I hereby swear that the answers given to me on this application are true and complete to the best of my knowledge and I understand the application process. I also understand that regardless of approval status, Humane Society of the Delta is not obligated to adopt a pet to me.

Signature: _____ Date: _____

Please add any comments you would like to make here that will help us make a good decision for you and your new companion. _____

APPROVED APPLICATIONS ARE VALID FOR 90 DAYS AND MUST BE PRESENT IN ORDER TO VIEW/ADOPT A PET.