



Please Remember to Complete the Back

Adopter Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone Number _____ Secondary Phone Number _____

Email Address _____

All adopted animals also come with 30 days of pre-paid pet health insurance, courtesy of 24PetWatch Pet Protection Services. A Valid email address is required and must be written on your adoption application.

Do you: Rent Live with Parents Own

Type of Residence (house, apartment, etc.) _____

Name and Phone Number of Land Lord (if applicable): _____

Current Pets

Pet's Name	Species/Breed	Age (Approx.)	Spay/Neuter (Y/N)	Male/Female

Match Questionnaire

My cat needs to get along with other cats, dogs, or other animals: Yes No

If yes, what animals?

Have you rehomed a cat in the past 5 years: No Yes

If yes, why: _____

I am adopting this cat for: Myself My child My family A friend/relative

I prefer a: Male Female No Preference

I am looking to adopt a cat in this age range: _____

My Home Atmosphere is like: Grand Central Station Some Activity Zen-garden serene

In my home there are _____ adults (including myself).

In my home there are _____ kids (please list ages) _____

How often do children visit the home? _____

What ages are they? _____

It's important to me that my cat.....

Bad habits I cannot tolerate:

The cat will be kept: Inside Only Outside Only Inside/Outside AND when outside my means of confinement is: (please check all that apply): None, Free Roaming Leash Fence Outside Enclosure Porch (circle one): enclosed or open Other: _____

I would like a cat that is:

I may be interested in seeing these cat(s) I saw on the website:

How did you hear about us?

Previous Adoption Internet Word of Mouth Television PetFinder Webpage
 HSSC booth at event Other: _____

Office Use Only

Adoption Counselor Name: _____ Initials: _____ Date _____

Notes:
