



Happy Tails Humane Society

1408 McNeil Rd • Rock Falls, IL 61071

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E-mail: happytailsadoptioncenter@yahoo.com

Application Approved Application Denied

**CAT
ADOPTION APPLICATION**

PLEASE COMPLETE ALL FIELDS ON THE APPLICATION

Date: _____ Name of the pet you are interested in adopting: _____

APPLICANT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone (land line, if any): _____ Phone (cell phone, if any): _____

E-mail: _____ Years at this address: _____

Do you live with your parents or with roommates? Are you 21 years of age or older? Yes No

If less than 5 years at current address, previous addresses over past 5 years:

Address: _____ Years at this address: _____

City: _____ State: _____ Zip: _____

Address: _____ Years at this address: _____

City: _____ State: _____ Zip: _____

Employment

Name of employer: _____ Address: _____

City: _____ State: _____ Phone: _____

Hours of work schedule: _____ How long employed? _____

HOUSEHOLD/HOUSING

Number of other adults in your household: _____ Their names: _____

_____ Have all adults agreed to this adoption? Yes No

Ages of children in the household (if any): _____ Have the children had pets before? Yes No

Is anyone in the household allergic to pets? Yes No If so, what kind? _____

Do you own or rent? Own Rent

Type of dwelling: House Apartment Mobile Home Condo/Townhouse Duplex/Triplex

If renting, name of landlord or condo association: _____ Phone: _____

PET INFORMATION

Your current pets

Name	Species/Breed	Age	Gender	Spayed/Neutered?	Had how long?	Up-to-date on shots?

If you have a cat: Does it get along with other cats? Yes No Does it spend time outdoors? Yes No

Is it declawed? Yes No If you have a dog: Does it get along with cats? Yes No

Are there any pets in the household that do not belong to you? If yes, please describe: _____

Pets owned over the past 10 years

Name	Species/Breed	Spayed/Neutered?	Owned how long?	What happened to this pet?	How long ago?	Vet you used?

Your new adopted pet

What are you looking for in your new adopted cat? Companion Mouser Other _____

About how many hours per day would your cat be alone? _____

Where will your cat spend most of its time? Inside Outside Both

What best describes the primary caregiver? (check all that apply)

Employed, full time Employed, part-time Stay-at-home parent/person College student Retired Child

In the absence of the caregiver, who will care for your cat? _____

Please describe the activity level at your home:

Busy (visits by friends, meetings, parties, etc.) Noisy (TV, stereo, children playing, dogs barking, etc.)
 Moderate (normal comings and goings) Quiet (homebodies, few guests)

Preferences

I want my cat to be by my side or on my lap often some of the time little of the time

I like my cats to be very talkative more on the quiet side It doesn't matter

I want my cat to be very active somewhat active not very active

I want my cat to play with toys often some of the time little of the time

Bad cat habits I cannot tolerate: _____

What circumstances might justify giving up a cat? _____

Have you ever had to give up a pet? Yes No If yes, what was the reason? _____

How comfortable are you with regard to training your cat in respect to common behavioral issues such as not using the litterbox, scratching furniture, etc., and biting or scratching? Very comfortable Moderately comfortable Not comfortable

Some cats require an adjustment period of weeks or even months to adjust to their new home/family/other pets. Are you willing to allow for this adjustment period? Yes No, I prefer a pet who will adjust quickly Not sure

VETERINARY INFORMATION

Veterinary information for current and/or new pet(s). List all you may have seen.

Veterinarian's Name and Name of Clinic: _____

Address/State/Zip: _____ Phone: _____

Veterinarian's Name and Name of Clinic: _____

Address/State/Zip: _____ Phone: _____

Are you willing and able to pay the routine veterinary costs of caring for your new pet and to take responsibility if the pet acquires an illness or tests positive for a condition such as heartworm? Yes No

PERSONAL REFERENCES

Name: _____ Relationship: _____

Phone(s): _____ E-mail: _____

Name: _____ Relationship: _____

Phone(s): _____ E-mail: _____

FINALIZING THE ADOPTION APPLICATION

Please note that if you currently have another dog or dogs, the dogs will need to meet so that we can assess compatibility.

The information I have provided is accurate. I give Happy Tails permission to investigate that information. I understand that if an omission or untruth is discovered after an adoption occurs, Happy Tails has the right to annul the adoption and reclaim the pet. If the application passes this review, I agree to a home and/or yard visit on a mutually agreed-upon date by a Happy Tails representative, at the discretion of Happy Tails, before an adoption decision is made. If I am no longer able to keep the adopted pet, I agree to return the pet to Happy Tails.

Applicant

Please print name Signature Date

OFFICE USE ONLY

Animal Control verified By: _____ Date: _____

Landlord information verified By: _____ Date: _____

Veterinary information verified By: _____ Date: _____

References verified By: _____ Date: _____

Comments _____

Veterinary Records Release
Please print

I request that veterinary records for all of my pets be released to Happy Tails, Inc.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Owner's signature

Date