



Committed to rescuing abandoned pets and finding them loving homes

EIN 94-3338577

Cat Adoption Application

Please save and return completed application to info@homeatlastrescue.org or fax: 510-540-6539

Date _____

Interested in: ___ Cat ___ Kitten Name(s) _____

Your name _____

Street Address _____ City _____ Zip _____

Phone: Day _____ Evening _____ Other _____

E-mail: _____

How did you learn about Home At Last? _____

YOUR HOUSEHOLD

Do you live in a: ___ House ___ Apartment ___ Condo Other _____ ?

Do you: ___ Own ___ Rent? Landlord's name and phone _____

Number of ___ Adults ___ Children Ages of children _____

Does anyone have animal allergies? Yes No If **Yes**, please describe: _____

Do ALL members of the household agree about bringing in a new animal? ___ Yes ___ No

If **No**, please explain _____

List names, ages, breeds of any pets you have living with you now: _____

List pets you have owned in the past _____

What happened to these pets? _____

Have you ever had to give up ownership of a pet? ___ Yes ___ No

If **Yes**, please explain _____

Do you still have the animal(s) you previously adopted? ___ Yes ___ No

If **No**, what happened to them? _____

YOUR NEW CAT/KITTEN

How long have you been looking for a cat? _____

Are you looking for an: ___ Indoor only ___ Indoor/outdoor ___ Outdoor only

What attracted you to this particular animal? _____

What kind of personality are you looking for in a cat? _____

What behavior traits could you **not** live with? _____

How will you discourage unwanted behavior? _____

Where will the cat stay: During the day? _____ At night? _____

For how many hours per day will the cat normally be home alone? _____

How will the cat be cared for when you go away? _____

Many pets will go through a transition period after moving into their new home, where they may act shy and not eat for several days. How will you approach this situation? _____

Are you fully aware of and financially prepared to deal with the costs associated with owning an animal? (e.g., vaccination, good quality food, litter, veterinary expenses for illness or emergencies.) ___ Yes ___ No

What is your estimate of the cost of appropriate care for this animal per year? _____

Name and location of your veterinarian _____

How often would you expect your pet to visit the vet? _____

Do you have any objections to having a HAL representative visit your home before or after your pet adoption? Yes No If **Yes**, please explain _____

Do you have screens on your windows? ___ Yes ___ No

If Home At Last feels that the pet you are applying for won't be the right match for you, would you like us to contact you should we find a match? ___ Yes ___ No

Please initial to indicate you have read, understand, and agree with the following:

___ I will not declaw a cat I have adopted from Home At Last.

___ The information I have provided to Home At Last Animal Rescue for the purpose of adopting an animal is accurate and complete.

Home At Last reserves the right to terminate the adoption we have concerns about the truthfulness of the answers.

Please note that picture identification with a street address will be required for all adoptions.

You must be at least 18 years old to adopt an animal from Home At Last.

For staff use

Date received _____ *Interviewed by* _____ *Approved?* ___ Yes ___ No

Comments: _____

revised 12.28.11