



Date: _____

Humane Society of Johnson County
3827 N Graham Rd., Franklin, IN 46131

ADOPTION APPLICATION FOR CAT/KITTEN

Please Print Clearly

Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Cell Phone _____

Emergency Contact _____ Emergency Phone _____

Email _____

Driver's License # _____ DOB _____

Place of Employment _____ Since (mo/yr) _____

Have you adopted from this shelter before? Yes No If yes, when? _____

Have you had any contact with Johnson County Animal Control? Yes No

If yes, explain in detail _____

Have you ever surrendered a pet to this or any other shelter or rescue before? Yes No

If yes, please explain in detail _____

How did you hear about us (circle all that apply): HSJC Website TV News Newspaper Radio

Pet Pals TV Facebook HSJC Newsletter Friend/Referral Other: _____

Are you interested in a specific cat? Yes No If yes, name _____

Housing: Own Home Own Condo Rent Apartment Rent House Live With Parents/Relative
 Subsidized Housing Trailer or Mobile Home College Fraternity / Sorority Housing

Landlord's Name _____ Phone _____

How long at this address: _____

Are you planning to move any time soon? Yes No

If yes, when and where to _____

Your Household consists of: Adults Only Live Alone Family with older children (over 10 years old)
Family with young children (younger than 10 years old)

There are _____ number of children living at this address. Their ages are _____

Is any member of your household allergic to animals? Yes No

If yes explain: _____

I prefer a cat that is:

I prefer a cat that is (mark all that apply):

Adult Senior Kitten

Male Female

Long hair Short hair No preference on hair

Very affectionate Likes some petting Is more independent

Needs very little grooming Needs grooming 1-2 times/week Needs daily grooming

Good with Dogs Good with other Cats Good with Kids

Describe your ideal cat: _____

Are you able to commit to providing a home for a cat for the life of the cat? Yes No

Are all members of your household in agreement about adopting a cat Yes No

If no explain: _____

Have all of your family members been around cats? Yes No

The activity/noise level in your home is: Quiet Active Very Active

Describe those pets you currently own:

If you have more animals than space provided, please use an additional sheet of paper and attach to this form.

Name _____ Dog Cat Type _____ Age _____ Sex _____

Is the pet spayed or neutered Yes No

Primarily indoor or outdoor? Explain _____

What year did you get the animal? _____ How did you acquire the animal? _____

If you have a dog, does it get along with cats? Yes No

If no, explain: _____

Have you had a cat that has given birth? Yes No

Describe all pets you previously owned in the last 10 years

If the space provided is insufficient, please use an additional sheet of paper and attach to this form.

Name _____ Type _____ Age _____ Sex _____

Is the pet spayed or neutered? Yes No

Primarily indoor or outdoor? Explain _____

What year did you get the animal? _____ How did you acquire the animal? _____

Year deceased (or last year you had pet) _____

Cause of death or where is pet now (explain in detail) _____

Veterinarian Information

If several vets were used, please explain and provide approximate service dates. Please note that application review cannot be completed unless each vet's phone number is provided. If the space provided is insufficient, please use an additional sheet of paper and attach to this form.

Name _____ Phone # with area code _____

Owner Name(s) are records listed under _____

Date of last vet visit _____ Name of vet you will use for you new pet _____

Are you able/willing to pay emergency care, which could result in a bill of \$200 to \$1,000 or more Yes No

Have you considered the extra expenses that will come with having a dog including vet care, food, supplies, equipment, toys, training, and boarding? Yes No Please explain _____

Do you plan to let you cat outside? Yes No

What is the greatest number of hours the pet will spend alone daily/nightly _____ Hours

When you are not home, where will the cat be kept? Run of the house Crate indoors

Outdoors garage Basement Other _____

Where will the cat sleep? _____

Do you have any health conditions that could restrict your ability to keep a cat, either now or in the future?

Yes No If yes, explain _____

Do you plan to declaw the cat? Yes No

What will you do with your cat in the event you are unable to care for your cat? _____

How will you discipline your cat? _____

What will you do if your cat starts scratching in unwanted areas like furniture or carpet? _____

What will you do if your cat's behavior suddenly changes (lack of appetite, lethargy, etc.)? _____

It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved.

Are you prepared to allow this much time? Yes No

Do you understand that changing a cat's environment may cause the cat to be stressed and have accidents? Yes No

If a behavioral problem arises, what steps will you take to work on it? _____

In the event of an emergency, who would care for your cat or what arrangements would you make? _____

Have you ever had a pet for a short period of time and it didn't work out? Yes No

If yes, explain: _____

What circumstances might justify having to return the cat you adopted (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Baby | <input type="checkbox"/> Divorce | <input type="checkbox"/> Cat not getting along with other pets |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Allergies | <input type="checkbox"/> New household member dislikes cat |
| <input type="checkbox"/> Shedding | <input type="checkbox"/> Behavior problems | <input type="checkbox"/> House soiling/urine marking |
| <input type="checkbox"/> Want to travel | <input type="checkbox"/> Cat becomes ill | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> None | <input type="checkbox"/> Children lost interest | |
| <input type="checkbox"/> Other _____ | | |

Please share with us anything you would like for us to know about the new cat that you would like to add to your family:

Are you aware the adoption fee is a nonrefundable donation? Yes No

I certify that all of the above information is true and I understand that giving false information on this application will automatically disqualify me from adopting from this organization. I understand omission of information and/or failure to answer all questions and sign the application can result in this application being declined. I understand that the Humane Society of Johnson County has the right and responsibility to deny any adoption for any reason and may request a 24-hour waiting period before the adoption is approved. I hereby authorize release/disclosure of any records and/or other pertinent information including employment verification, proof of tenancy, and veterinarian/personal reference.

In addition, I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal. I understand it is HSJC's prerogative to decide which home is most appropriate and that their decision is final. Unless otherwise indicated by HSJC, I am free to apply and undergo the application process in the future.

Signature: _____ Date: _____

Printed Full Name: _____

Office Space Only

Applicant contacted:

Date:

Approved:

Denied:

Holding application for another animal: