

Homeless Cat Helpers, Inc.

P. O. Box 1234

Seaford, DE 19973

Ms. D-C Brown, Pres. & Exec. Dir.

Adoption Application / Deposit / Contract
Petco Adoption Vendor # 85574

Name/s _____ Date _____

Home # _____ Cell # _____ Email _____

Address _____ City _____ State _____ Zip _____

Work # _____ (if needed, for transport arrangements)

Driver's License verification - **Volunteer, please initial here:** _____

Kitty Name _____ Gender ____ Weight _____ Color/s _____ Hair Length _____

Kitty Name _____ Gender ____ Weight _____ Color/s _____ Hair Length _____

Approximate Age _____ Date of Birth (if known) _____

Vet Reference _____ City _____ Phone # _____

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1a) At home, I/we have these pets: _____

1b) Have all cats in household been tested for AIDS/Leukemia? Yes No Documentation: Yes No

1c) Are any cats in household de-clawed? Yes No

2) This kitty will be my/our (please circle one or more): Companion for other Pet Personal Companion
Child's Playmate Family Member Housemate Indoor Mouser Outdoor Mouser (only if barncat!)

3) Any children in home? Yes No Ages of Children: _____

4) Do all household members agree to this adoption? Yes No N/A

If No, please explain: _____

5a) Do you own your home? Yes No 5b) If you rent, do you have permission of landlord? Yes No

If No, please explain: _____

5c) Are you a student living in a dorm? Yes No

6) Are there any allergies in the family? Yes No Don't Know

7) Are you a recipient of government program, wishing to apply for financial consideration? Yes No

Deposit / Spay/Neuter Fee \$ _____ Vol. Initials _____ S/N Date _____

Note: No adoption is considered Finalized until after the spay or neuter surgery.

www.HomelessCatHelpers.PetFinder.org

A Non-Profit 501(c)3 No-Kill All-Volunteer All-Spay/Neuter Cat Rescue Organization

Donations are Tax-Deductible as Allowed by Law

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Adoption Application / Deposit / Contract - Continued

Kitty Name _____ Person's Name _____ Date _____

Please read the following and initial each item:

1) I/we agree to permit HCH to check my veterinarian references, as given above. **Initial here** _____

2) I/we agree to keep this kitten/cat as an indoors-only member of the family, and recognize that failure to do so puts the kitty at high risk not only for internal and external parasites, but also at risk for: incurable diseases, such as Feline AIDS (through aggressive attacks), and contagious Leukemia and Rabies (through the sharing of food & water sources, as well as through aggressive attacks); poisoning (through rodent bait, automobile anti-freeze, etc.); getting lost or stolen (and taken to a public shelter, or worse); or hit by a car. I understand that commercial pet products are available to take my kitty outdoors with some safety, such as pet strollers, screened tunnels, etc.

Initial here _____

3a) I/we agree to not have this kitten/cat declawed at the time of spay/neuter surgery. I know that I, as a pet parent, can be trained to do nail trimming myself, at home, on a monthly basis. I also know that nail clipping services are available from the Petco groomers for a modest fee, and are also available at all veterinarian's offices.

Initial here _____

3b) I/we also understand that, should I choose to have this extreme operation done at a later time, that this requires the removal of one entire bone, and all of the surrounding flesh, in addition to the nail itself; therefore, in some States and some European countries, it is considered so cruel and so inhumane that it is illegal to de-claw a cat in those States and Countries.

Initial here _____

3c) I/we know that de-clawing my cat can lead to myself and other people being bitten, as it is the only remaining self-defense my cat will have. I also know that this surgery sometimes results in litter-pan behavior problems, potentially creating smells and stains in my home and furniture, that can persist for years to come. I am prepared to maintain this kitty as a life-long member of my family, even if such biting and/or litter pan behavior problems arise.

Initial here _____

4) I/we understand that this kitten/cat is in good health and temperament, to the best of the organization's knowledge, which is limited by the history available on this kitten/cat. I/we further understand that the stress of transport, surgery, and/or entering a new home can induce stress-related illness that has not previously been detectable. I/we understand that pet health insurance is available from Trupanion through Petco.

Initial here _____

5) I/we agree to provide life-long medical care, including wellness check-ups, vaccinations, internal and external parasite control, and urgent and emergency medical care for injury or illness, by a veterinarian, whether through a pet health insurance plan, or not. I agree that, if I can't afford proper medical care, I will contact HCH (through Petco, or Four Paws Animal Hospital, if need be), to request financial assistance from HCH.

Initial here _____

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Kitty Name _____ Person's Name _____ Date _____

Please read the following and initial each item:

6) I/we understand that during the first few weeks in the new home, the kitty should be confined to one room only, to ensure litter box memory retention, provide a sense of security in new surroundings, and greatly reduce the chances of being stepped on while tiny. I understand that introductions to other pets should be done gradually and with strict supervision, over the course of several days to weeks.

Initial here _____

7) I/we agree that, from time to time, an HCH volunteer can visit my home, to ensure that the adoption continues to work out, and that, if neglect or mistreatment is found, HCH will take possession of the kitty.

Initial here _____

8) I/we understand that if a family member is diagnosed with cat allergies in the future (new grandchild, etc.), I will consult with HCH on commercial pet products that may help reduce the allergen load sufficiently to keep the kitty in the home. If the allergies can not be remedied sufficiently, I understand the kitty can and should be returned to HCH.

Initial here _____

9) I/we agree to promptly notify, and to allow sufficient time for, the organization to make arrangements to receive this pet back, if for ANY reason I can no longer keep this kitten/cat.

Initial here _____

Signature of Primary Adopter _____ Date _____

Signature of Secondary Adopter _____ Date _____

Signature of HCH Volunteer _____ Date _____

5/30/06, 8/28/08, 9/21/09, 1/24/11, 7/3, 7/7, 7/10, 7/23, 8/13, 9/9, 11/1/12, 4/29, October 5, 2013

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