

For your past or current cats, are/were they: _____ indoors only _____ outdoors only _____ in/out

Are/were they spayed or neutered? (Y) (N) Are/were they declawed? (Y) (N)

Would you consider declawing? (Y) (N) Please explain _____

Have you lost a cat in the past year due to death or another reason? (Y) (N)

If yes, what were the circumstances? _____

Do you have other types of pets? (Y) (N) If yes, what are they & their ages? _____

Have any of your pets ever lived with a cat? (Y) (N) (Not Known)

How would you discipline a cat? _____

What would you do with a cat when you go away? _____

What would you do with a cat if you moved? _____

What circumstances would make you unable to keep a cat anymore? _____

If you could no longer keep your cat, or no longer wanted it, what would you do with it?

How many people in your household & their ages? _____

Are any of them allergic to cats? (Y) (N) (Unknown) Please circle unknown if they have never lived with a cat

Is there an adult home most of the time? (Y) (N) How much time would you have to spend with a new cat?

Do you _____ own _____ rent your home?

If you rent, do you have your landlord's permission to have a cat? (Y) (N)

If yes, please provide us with a Letter of Approval from your landlord.

Name of cat you are applying for: _____ Age: _____ Sex: _____

Spayed/Neutered: (Y) (N) Shots: (Y) (N) Declawed: (Y) (N)

Name/ Occupation/Contact Number of References (References must be adults):

1. _____

2. _____

3. _____

If the cat I wish to adopt is not spayed/neutered, I agree to have this done within 4 months of the adoption. I also agree to provide the cat with regular vet visits.

I give my permission to the HRSPCA to verify any information that I have given here. I understand that this application must be approved and that payment must be received before I take possession of the cat. If, for some reason, this adoption agreement is cancelled by me within one week of receiving the cat, I am entitled to a full refund.

Signature: _____ Date: _____

HRSPCA Signatures 1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____