

Humane Society of the Palouse Feline Pre-Adoption Application



In order to be considered for adoption you must: 1) Be 18 years of age 2) have a valid id and proof of current address 3) understand that completing this application does not guarantee adoption or that the Humane Society of the Palouse has approved your application.

**WE RESERVE THE RIGHT TO DENY ANY ADOPTION WE FEEL UNSUITABLE.**

Cat information: HSOP # \_\_\_\_\_
Cats name: \_\_\_\_\_
Sex: \_\_\_\_\_ Breed: \_\_\_\_\_
Age: \_\_\_\_\_ Description: \_\_\_\_\_

The animal being considered for adoption by you is being placed as an indoor house cat unless otherwise specified in writing.

Household information: Please print all information

Adopter(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: Primary \_\_\_\_\_ Work \_\_\_\_\_

E-mail: \_\_\_\_\_

Housing (circle all that apply): own / rent / live with parents

house/ condo / apt / mobile on leased land/mobile on owned land

Landlord name: \_\_\_\_\_ phone #: \_\_\_\_\_

If not homeowner, do you know the rules regarding pets? \_\_\_\_\_ Do you have permission for a pet? \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_ Do you have roommates: \_\_\_\_\_

Are there children living at this address? \_\_\_\_\_ If yes, what are their ages \_\_\_\_\_

Are you planning on moving in the near future? \_\_\_\_\_ If at some time you do move, what will you do with your pet \_\_\_\_\_

If you are a foreign student and you will be returning to your home country, do you plan on taking the pet with you? \_\_\_\_\_

Are you familiar with the laws pertaining to transporting an animal to another country? \_\_\_\_\_

Why do you want to adopt a cat? Companion for a person \_\_\_\_\_ If yes what age \_\_\_\_\_

Companion for children; ages \_\_\_\_\_ Companion for another pet \_\_\_\_\_

Mouser \_\_\_\_\_ Other \_\_\_\_\_

Where will you keep the litterbox (including multiple boxes for multiple cats?) \_\_\_\_\_

Where will your new cat spend its days? (Circle all that apply)

Indoor / Outdoor / Basement / Kitchen/
Garage / Porch / Shut in room

Where will your new cat sleep? (Circle all that apply)

Indoor / Outdoor / Basement / Kitchen/  
Garage /Porch / Shut in room

Do you have any unscreened windows, pet doors, or other means of outdoor access for the cat? \_\_\_\_\_

Are you familiar with trimming cats' claws? \_\_\_\_\_ Would you like to learn? \_\_\_\_\_

Are you willing to provide toys and scratching posts to prevent problem scratching? \_\_\_\_\_

Do you own any animals now? \_\_\_\_\_ Are there other pets in your home that you do not own? \_\_\_\_\_

Please list all pets in residence: Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed: \_\_\_\_\_ Age: \_\_\_\_\_

Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed: \_\_\_\_\_ Age: \_\_\_\_\_

Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed: \_\_\_\_\_ Age: \_\_\_\_\_

Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed: \_\_\_\_\_ Age: \_\_\_\_\_

Are there any pocket pets in the home? \_\_\_\_\_ If yes the type \_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_ Phone #: \_\_\_\_\_

We may contact your veterinarian for a reference if the cat you are adopting requires extra medical care

Are all cats currently in your home up-to-date on their vaccines? \_\_\_\_\_ Have they been tested for FeLV/FIV? \_\_\_\_\_ Any test positive for FeLV/FIV? \_\_\_\_\_ Have you gotten rid of any animals within the last year? \_\_\_\_\_ Or have you had any animals pass away or disappear? \_\_\_\_\_

Please describe circumstances: \_\_\_\_\_

Have you considered the extra expense that will come with having a new pet? \_\_\_\_\_ It will cost you approximately \$1000 per year for food, vaccinations, and licensing alone; medical costs may be even more.

Is there anything else you would like to tell us about yourself? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS APPLICATION AND AGREE THAT ALL INFORMATION THAT HAS BEEN PROVIDED BY MYSELF, THE ADOPTER, IS TRUE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Would you like to sign up for our quarterly newsletter: \_\_\_\_\_  
Includes updates on our shelter, animals, and life-saving efforts mailed to you January, April, July, and October.

How did you hear about The Humane Society of the Palouse? \_\_\_\_\_

Have you adopted from our facility before? \_\_\_\_\_

Application reviewed by \_\_\_\_\_ Date \_\_\_\_\_