

**HAHS FELINE PRELIMINARY APPLICATION (Page 1 of 4)**

COMPLETED applications are reviewed as received.  
Submitting an application, does not guarantee adoption.

**TO BE COMPLETED BY SHELTER:** Animal's Name: \_\_\_\_\_  
HAHS Tag #: \_\_\_\_\_ HAHS Case #: \_\_\_\_\_ Shelter ID #: \_\_\_\_\_  
Breed: \_\_\_\_\_ Gender: F / M Age/DOB: \_\_\_\_\_ Shelter: BMPAS / LS / HAHS  
Foster Parent Name/Phone Number: \_\_\_\_\_

**BEGIN APPLICATION HERE:**

Date \_\_\_\_\_ Name of cat/kitten you are interested in adopting: \_\_\_\_\_

Name of Adopter: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Is applicant 21 years old or older AND homeowner/leaseholder at above residence? YES NO

Is the property: OWNED RENTED Is the property: RURAL/COUNTRY WITHIN CITY LIMITS

How long have you lived at above residence? \_\_\_\_\_

Have you ever adopted or applied to adopt from the shelter or another rescue group before? YES NO

Have you ever relinquished an animal (canine or feline) to an animal shelter or individual? YES NO

Have you or has anyone in your family ever been convicted of animal abuse, neglect, or cruelty? YES NO

What pets have you owned in the past that you **no longer own** AND what happened to them?  
(include name, sex, breed, length of ownership, and age at time of death or at time animal was no longer owned)

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

Were they spayed/neutered? YES NO

Were the dogs kept on year round heartworm prevention? N/A YES NO

What pets do you own now? (Include name, age, sex, and breed)

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

Are they spayed/neutered? YES NO

When was the last time your animal(s) were vaccinated? \_\_\_\_\_

Are the dogs kept current on year round heartworm prevention? N/A YES NO

Are your current animals primarily inside or outside? INSIDE OUTSIDE BOTH

Regardless of ownership, are there any animals other than those listed above living in the home at this time? YES NO

What is the name and phone number of your vet? \_\_\_\_\_

May we contact the above veterinarian? YES NO

Whose name will the ownership records be under at the above veterinarian? \_\_\_\_\_

Is this the vet you plan to use for the adopted animals care? YES NO

Will you take this animal to the vet within 10 days of adoption for a wellness exam and to establish a record? YES NO

Do you understand the time commitment required to own an animal? YES NO

**HAHS FELINE PRELIMINARY APPLICATION (Page 2 of 4)**

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Are you willing to give the animal at least 6 months to adjust to you, your family, and the new home? YES NO

Are you looking for an inside or outside cat? INSIDE OUTSIDE BOTH

Why? \_\_\_\_\_

On the average day, how many hours are you away from the home? \_\_\_\_\_ Do you have a dog door? YES NO

**Where will the cat/kitten be allowed:**

During transition period (first week)? \_\_\_\_\_

When you are away for short periods of time? (1-4 hours) \_\_\_\_\_

When you are away for long periods of time? (4-8 hours) \_\_\_\_\_

When you are home? \_\_\_\_\_

At Night? \_\_\_\_\_

Who will be the primary caregiver? \_\_\_\_\_

Have all household members agreed to the adoption? YES NO

Please list all household members by name and include age if under 18: \_\_\_\_\_

Do the children like animals? YES NO N/A Are any of the children afraid of animals? YES NO N/A

What is the purpose of getting a pet? \_\_\_\_\_

For how many years will you keep the pet? \_\_\_\_\_

For what prime reasons would you give up or get rid of this animal? \_\_\_\_\_

Is this adoption a gift for someone other than yourself? YES NO

Will the cat live at residence noted on front? YES NO

For how long have you been considering adoption? \_\_\_\_\_

If you move, are you willing to take the animal with you? YES NO

Is anyone in your household allergic cats? UNKNOWN YES NO

How much do you expect to spend annually not including expenses that may be incurred due to illness or injury? \_\_\_\_\_

Are you aware that within the first few weeks, the cost could be over \$200 for vet care, food, supplies, license, etc? YES NO

Do you understand that while no animal would be adopted without disclosure of a known medical condition, that all vet & other expenses incurred after placement and throughout the lifetime of the animal remain your responsibility? YES NO

Would you be willing to accommodate a home visit prior to adoption? YES NO

Do you travel frequently for work or pleasure? YES NO

Have you ever litter box trained a cat? YES NO

Do you have time to litter box train a cat? YES NO

Where do you intend to place the litter box? \_\_\_\_\_

How often do you intend to scoop the litter box? \_\_\_\_\_

Are you interested in a de-clawed cat? YES NO

Are you planning to de-claw this cat, if not already done? YES NO

Why? \_\_\_\_\_

Are your current cats de-clawed? YES NO N/A Were your previous cats de-clawed? YES NO N/A

Have you ever scratch-post trained a cat? YES NO Do you know how to trim a cat's claws? YES NO

Do you agree to provide annual vet visits to ensure health and additional vet visits as needed for illness or injury? YES NO



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**TO BE COMPLETED BY SHELTER:**

**DRIVER'S LICENSED CHECKED**      **YES**   **NO**      **DL#** \_\_\_\_\_ **State** \_\_\_\_\_

**ARF LIST CHECKED**                      **YES**   **NO**

**LANDLORD/FAMILY CHECKED**        **YES**   **NO**

**VET CHECKED**                              **YES**   **NO**

**FOSTER/LIASON CHECKED**            **YES**   **NO**

This screening form has been:      **APPROVED**    by \_\_\_\_\_ and \_\_\_\_\_

**DENIED**      by \_\_\_\_\_ and \_\_\_\_\_

Reason denied: \_\_\_\_\_

Board member approval for unaltered animals: \_\_\_\_\_

Second approval for:     Children Under Age 5 \_\_\_\_\_

Screener's Notes:

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