

Animal Name: \_\_\_\_\_

HSNI \_\_\_\_\_ City \_\_\_\_\_



# Cat Adoption Form

HUMANE SOCIETY OF NORTH IOWA

2700 South Birch Drive

Mason City, IA 50401

641-423-6241



*At the Humane Society of North Iowa*, we seek responsible homes for our animals, where owners fulfill the physical needs, veterinary needs, safety and emotional needs of their pets. Our adoptive dogs and cats must not become free-roaming nuisances. TO THESE ENDS, THE HUMANE SOCIETY RESERVES THE RIGHT TO REFUSE ANY ADOPTION APPLICATION.

Adopters must be at least 18 years old. All adults in the household must participate in this application and selection process. We may require a valid form of identification bearing the applicant's current address. Renters must supply their landowner's name and phone number. Veterinary care and housing arrangements for applicants' current pets must meet HSNI standards.

**By signing this application, the applicant gives *express permission* for the HSNI to investigate all statements made on this application. Specifically, the applicant gives the HSNI permission to inquire of and obtain veterinary care records for the applicant's current of past pets.** Also, for applicants who rent their dwelling or trailer lot, the Humane Society will contact the current landowner to confirm permission for applicant to house a cat on the property as an indoor pet.

Name (include spouse) \_\_\_\_\_

Street address \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone number: \_\_\_\_\_ Email Address \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ Do you attend school? \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Number \_\_\_\_\_ How Long? \_\_\_\_\_

Spouse's place of Employment \_\_\_\_\_ Work Number \_\_\_\_\_ How Long? \_\_\_\_\_

**Do you live in a:** House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Dorm \_\_\_\_\_ With parents \_\_\_\_\_

Mobile Home \_\_\_\_\_ Farm \_\_\_\_\_ OTHER (describe) \_\_\_\_\_

I RENT \_\_\_\_\_ I OWN \_\_\_\_\_

Landowner's name \_\_\_\_\_ Landowner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

1. Have you ever adopted a pet from a shelter before? \_\_\_\_\_ What shelter? \_\_\_\_\_
2. Have you ever been refused adoption of a pet from a shelter? If so, why? \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever released a companion animal to a shelter? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever been involved with an Animal Control Department or other law enforcement agencies regarding your pet or another animal? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

***Please provide the following information about your household:***

5. Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_ Ages of children \_\_\_\_\_
6. Which member of your household will hold primary responsibility for the feeding of your new pet? \_\_\_\_\_
7. Who will train and supervise your cat? (litter box/outdoor exercise) \_\_\_\_\_
8. Are any members of your household allergic to animals? No \_\_\_\_\_ Yes \_\_\_\_\_ If so, explain \_\_\_\_\_
9. ***Please tell us why you want to adopt this animal. Check all that apply:*** Gift \_\_\_\_\_ Mouser \_\_\_\_\_  
Companion to another animal \_\_\_\_\_ For a child \_\_\_\_\_ Companion for myself \_\_\_\_\_

***How will you train your cat to?***

10. Stay off furniture / tables / counters? \_\_\_\_\_
11. Not chew plants? \_\_\_\_\_
12. Not scratch furniture? \_\_\_\_\_
13. If you move in the future, what will you do with your pet(s) \_\_\_\_\_
14. What type of cat are you looking for? \_\_\_\_\_ Size \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_
15. a. Are you aware that, in the first year, regular preventative medical attention may cost \$150 to \$200 \_\_\_\_\_?  
b. Are you aware that, in the first year, food, pet supplies, and training may cost \$100 to \$150 \_\_\_\_\_?
16. This cat will be without human companionship for about \_\_\_\_\_ hours per day, \_\_\_\_\_ days per week.
17. What arrangements will you make for your pet(s) when you leave town for extended periods (vacations, etc)? \_\_\_\_\_  
\_\_\_\_\_
18. Where will this cat be kept during the day? \_\_\_\_\_ during the night? \_\_\_\_\_
19. Do you understand the state laws/local ordinances that require vaccinating, leashing and licensing cats? \_\_\_\_\_
20. Under what circumstance(s) would you return your cat to the Humane Society? \_\_\_\_\_  
\_\_\_\_\_

21. What will you do if your cat urinates outside the litter pan? \_\_\_\_\_
22. What will you do if your cat keeps you awake at night? \_\_\_\_\_
23. It may take your cat two weeks or longer to adjust to its new home or become affectionate. Are you prepared to wait this long for this cat to set settle in? \_\_\_\_\_
24. A cat may live 12-to-20 years. Are you prepared to make a commitment to this cat for its lifetime? \_\_\_\_\_

*Please describe and name the pets you have owned during the past five years:*

TYPE / BREED	NAME	KEPT WHERE?	AGE	ALTERED? (SPAYED/ NEUTERED)	SEX	STILL OWN?	IF NO, WHY?

25. For the pets named above, who is your veterinarian? \_\_\_\_\_
26. What is the clinic phone number? \_\_\_\_\_
27. What vaccinations has your pet had in the past year? \_\_\_\_\_
28. When was your pet's last visit to a veterinarian? \_\_\_\_\_ Reason? \_\_\_\_\_
28. How did you learn about the Humane Society of North Iowa? Globe-Gazette\_\_\_\_\_ Other newspaper\_\_\_\_\_ TV\_\_\_\_ Radio\_\_\_\_ Friend\_\_\_\_ Website\_\_\_\_ Facebook \_\_\_\_ Other \_\_\_\_\_

**By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting or keeping an adopted pet. I understand that the Humane Society of North Iowa has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that this application is the property of the Humane Society of North Iowa.**

Signature\_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_



*Thank you for your interest!*



**FOR OFFICE USE ONLY, BELOW THIS LINE**

Applicant interviewed:      Date\_\_\_\_\_ By \_\_\_\_\_

Adoption approval:      Yes\_\_\_\_\_ No\_\_\_\_\_ If no, why not? \_\_\_\_\_

Veterinary Check:      All okay\_\_\_\_\_ Vaccinations not current or other problems\_\_\_\_\_

Landowner's approval:      Yes\_\_\_\_\_ No\_\_\_\_\_ If no, why? \_\_\_\_\_

Other comments: \_\_\_\_\_