

# Haven Humane Society Adoption Qualification Application CATS ONLY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Other \_\_\_\_\_  
 (Mandatory) (Work, Cell, Other - Please circle which)

*This must be completed by all persons interested in adopting an animal from Haven Humane Society. We strive to place our animals in permanent, caring, responsible homes. Please answer each question carefully and completely.*

1 Have you received and agreed to cooperate with the Humane Society's Animal Adoption Agreement?  
 YES NO

2 Have you ever adopted an animal from the Haven Humane Society?  
 YES NO

3 Are you 18 years of age or older? YES NO

4 How long have you lived at the above address? \_\_\_\_\_

5 Why are you adopting a new pet? (Please check all that apply.)  
 Family Companion      Companion for Other Animals      Breeding  
 Watch Dog      Hunting Dog      Other

6 Are you or your spouse presently employed? YES NO

7 What is your occupation? \_\_\_\_\_

8 Are you interested in adopting for: Yourself Family Someone Else

9 Do you own your home? YES NO

10 Do you rent? YES NO  
 Which of the following? House Apartment Mobile Home  
 Landlord's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

11 How many people live in the household? \_\_\_\_\_

12 Do all members know that you are planning to adopt a new pet? YES NO

13 What are the ages of the children in your household? \_\_\_\_\_

14 Does any member of the household have allergies to animals? YES NO

If yes, please explain: \_\_\_\_\_

15 Will this animal be left alone during the day? YES NO

If yes, please explain: \_\_\_\_\_

16 Who will be responsible for taking care of this animal? \_\_\_\_\_

17 How many animals have you had in the past five years?  
 Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_  
 What happened to them? \_\_\_\_\_

- 18 Have you had a cat die on your premises of distemper, leukemia or unknown causes, within the last three months? YES NO
- 19 How many animals do you own at the present time?  
Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_
- 20 Do they live inside or outside? \_\_\_\_\_ Where do they sleep? \_\_\_\_\_
- 21 Are your animal's vaccinations up to date? YES NO
- 22 Is/are your dogs licensed? YES NO
- 23 Are your animals spayed/neutered? YES NO
- 24 Do you agree to have this animal spayed/neutered? YES NO
- 25 What is the name of your veterinarian? \_\_\_\_\_
- 26 Are you willing to go to the expense and trouble of taking your new animal to a veterinarian for full preventative medical and emergency care? YES NO
- 27 Are you aware that shots and routine preventative pet care for both dogs and cats can cost between \$150.00 and \$300.00 per year? YES NO
- 28 Will this animal live inside or outside? \_\_\_\_\_
- 29 Where will this animal sleep? \_\_\_\_\_
- 30 Do you intend on declawing this animal? YES NO
- 31 Do you understand the consequences of declawing a cat? YES NO
- 32 What do you plan to do with this animal when you go on vacation? \_\_\_\_\_
- 33 Not all living arrangements allow animals. Should you have to move or deal with some unforeseen circumstances, what are your plans for this animal? \_\_\_\_\_
- 34 I authorize a representative of the City of Redding Animal Regulation to inspect the animal and the premises where the animal is being kept. YES NO

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

NAF Checked \_\_\_\_\_

**OFFICE USE ONLY**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Adoptions Specialist \_\_\_\_\_