

Animal interested in: _____

Humane Society of Central Illinois CAT ADOPTION APPLICATION

In order to be considered for an adoption you **must:** 1) **be at least 21 years of age** 2) have the knowledge and consent of all adults living in your household 3) have a valid I.D. with current address 4) understand that completing this application does not guarantee adoption and that the Humane Society of Central Illinois must approve your application.

Adopter _____
First Name Middle Last Name

Co-Adopter(s) _____
(Please print name(s) of all other adults in the home)

E-mail: _____ Add to HSCI email list

Address: _____ **Unit #** _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **Alternate Phone:** _____

Please send me information (email or text) on shelter events. Yes No

DO YOU: Attend School _____ Work _____ Employer _____ Spouse's employer: _____

DO YOU LIVE IN A: House: _____ Apartment: _____ Condo: _____ Mobile Home: _____

DO YOU: Rent: _____ Own: _____ Live with Parents _____ (If so, Parents' names) _____

Landlord's Name: _____ **Landlord's Phone:** _____

How long at current address: _____ **If less than 1 year, please list previous address and how long there:** _____

Please provide the following information about your household: Number of adults: _____ Number of children: _____

Ages of children: _____ **Do the children live in the home fulltime?** _____

How many pets do you have now: Dogs: _____ Cats: _____ **How many pets have you had in the last 5 years:** _____

Please list any pets *you now have or have had* in the past. If more space is needed use additional sheet.

NAME TYPE/BREED AGE SEX FIXED? WHY YOU NO LONGER HAVE

Have you ever adopted from HSCI? _____ When? _____

Are your current pets up to date on vaccinations and other necessary vet care? _____

What veterinarian would have records(current/past)? _____ Phone: _____

Whose name are the vet records under? _____

Which veterinarian do you plan to use? _____

Who will be primarily responsible for the care (feeding, grooming, exercise and training) of your new pet? _____

How much do you anticipate spending yearly on food, vet care and other expenses for your cat? _____

How much time will this cat be alone (without human companionship) _____ Hours _____ Days a week

Will your cat be allowed outdoors? _____

Do you plan on declawing your cat? _____ Front feet _____ All four feet _____

How will you teach your cat to: Stay off counters _____

Not scratch furniture _____

What will you do if your cat: urinates outside the litter box? _____

How long do you expect it to take your new cat to adjust to its new home and learn proper behaviors? _____

Are you interested in adopting: a cat? _____ or kitten? _____ Up to what age? _____ sex: F or M

Hair length? _____ Color? _____ Any other specifics? _____

By signing below, I certify that the information given is true and correct and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. I also give my veterinarian permission to release any vet care records and information about my current and past pets to the Humane Society of Central Illinois. I understand that this application is the property of the Humane Society of Central Illinois and that the Humane Society of Central Illinois has the right to deny my request to adopt. In the event of an adoption, I authorize the Humane Society of Central Illinois to share my email and information with Hill's Science Diet and the pet's microchip manufacturer. I authorize the Humane Society of Central Illinois to use my likeness in a photograph in any and all forms and media, including but not limited to publications, brochures, websites, exhibitions, digital media, social media such as Facebook, and any other printed or digital publications.

Signature _____ Date _____

Signature _____ Date _____

Staff use only: ID checked ___/___/___

Ark checked ___/___/___

Landlord checked: ___/___/___

Staff notes _____
