



# APPLICATION FOR CAT ADOPTION/FOSTER

STAFF INITIALS \_\_\_\_\_

Animal Information				
<input type="checkbox"/> FOSTER <input type="checkbox"/> ADOPT	Cat Name:	Date:		
Applicant Information				
Name:				
Email:			Phone:	
Are you 21 or older? <input type="checkbox"/> YES <input type="checkbox"/> NO	State ID#:	Cell Phone:		
Mailing Address:				
City:	State:	Zip Code:		
Physical Address:				
City:	State:	Zip Code:		
Household Information				
OWN <input type="checkbox"/> RENT <input type="checkbox"/>	Landlord Name:		Phone:	
Home type: <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> DUPLEX <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> OTHER				
How many people live in your household?			Ages of children under 18:	
Are there children under the age of 18 who visit regularly? <input type="checkbox"/> YES <input type="checkbox"/> NO			Ages of visiting children?	
Is everyone in your household in favor of adopting/fostering this pet? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Is anyone in your household allergic to cats? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Current Pets				
<input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> OTHER	Breed:	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Fixed? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> OTHER	Breed:	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Fixed? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> OTHER	Breed:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Fixed? <input type="checkbox"/> YES <input type="checkbox"/> NO
History				
Have you ever adopted an animal from South Coast Humane Society?				
Have you surrendered an animal before (to a shelter/rescue/family/friends)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
What is the name of your regular veterinarian?			Phone:	
City:	State:	ZIP Code:		
Do we have your permission to contact your regular veterinarian as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**Lifestyle Information**

Why are you adopting a cat? Check all that apply:  COMPANION FOR SELF  COMPANION FOR PET  
 COMPANION FOR CHILD  HUNTING/MOUSER  OTHER

On a normal day, how many hours will your cat be alone?

Where will they be during this time?

Where will your pet sleep?

Will your cat primarily be an indoor or outdoor pet?  INDOOR  OUTDOOR  BOTH

Approximately how many hours will your pet be outside?

What is the activity level in your home?  LOW  MEDIUM  HIGH

Under what circumstances would you consider declawing a cat?

What behaviors in a cat do you find difficult to manage (i.e. scratching, meowing, litter box issues) and what will you do?

Under what circumstances would you return a pet to the shelter?

How much do you think it will cost each month to provide the necessary medical care, dietary needs, and overall welfare for this cat?

**Review**

If the shelter deems it necessary, do you agree to participate in a home visit prior to adoption/foster?  YES  NO

Have you reviewed the South Coast Humane Society adoption or foster policies?  YES  NO

Do you verify that you have reviewed the information provided on this form and that it is correct  YES  NO

Do you want/need additional information on how to introduce your cat to other pets  YES  NO

South Coast Humane Society wishes to place each of our pets into permanent, caring, and responsible homes. Your completion of this form does not guarantee that your application will be approved. Pets are always placed in homes that are compatible with their needs and personalities. Do you understand and agree that South Coast Humane Society has the right to deny any application for any reason, regardless of your relationship with the shelter?  YES  NO

**Signature**

Date: