



# APPLICATION TO ADOPT A CAT/KITTEN

Name of cat/kitten you wish to adopt: \_\_\_\_\_

Hope Animal Rescue is a no-kill rescue whose mission is to rescue, protect, and provide hope as we search for loving homes for stray and neglected animals. We provide hope when they have given up hope, we speak when they cannot speak, and we love without boundaries.

### Adoption Requirements

- 1) Applicants must have never been convicted of any felonies or animal abuse laws.
- 2) Applicants must agree to a meet and greet with current applicant's pet(s) and potential adoptive pet(s).
- 3) Applicants must allow a HAR representative to conduct a home visit to confirm your home is an adequate environment for a new pet.
- 4) All potential adopters must completely fill out and sign the adoption application
- 5) All information must be verified and approved by a Hope Animal Rescue Representative.

<b>Name:</b>		<b>Spouse/Partner/Roommate:</b>	
<b>Address:</b>		<b>City:</b>	<b>State/Zip:</b>
<b>Phone:</b>		<b>Other Phone:</b>	<b>Age (if under 21):</b>
<b>Date:</b>	<b>Occupation:</b>	<b>Hours:</b>	
<b>Please list a personal reference:</b>			
<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>	
<b>Please list an emergency contact (for microchip registration information):</b>			
<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>	
<b>Your Veterinarian:</b>			
<b>Name:</b>		<b>Clinic/Hospital:</b>	
<b>Address:</b>		<b>Phone:</b>	
Are you aware that regular yearly food, pet supplies, medical expenses, if necessary could be substantial?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever adopted from an animal shelter/rescue before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when/where:
Why do you want a cat?	Can you commit to care for the cat you adopt for its whole life?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How will you handle your cat's need to scratch?			
How will you deal with behaviors like biting, scratching, or litter box avoidance?			
<b>Your Dogs:</b>			
How many dogs do you now have?	<b>Breed/Mix:</b>	<b>Names/Ages:</b>	
Do your dogs have any behavioral or dominance problems?			
Do they get along with other cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are they spayed or neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Your Cats:</b>			
How many cats do you now have?	<b>Names/Ages</b>	<b>Are they declawed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any behavioral or physical problems?			
Do they get along with other cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are they spayed or neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Your Home:</b>			
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many children do you have?	Ages:	
Have your children had cats? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was it successful? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of adults in hour home:	
Do you own/ rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent	If you rent, do you have written permission to have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Landlord's name:		Phone:	
Type of Residence:	<input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Single Family Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other: _____		
Any community restrictions on cats? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anyone at home allergic to cats? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Pets you have had during the last 10 years which you no longer have:</b>			
Type/Breed	Where Kept	Neutered/Spayed	Why do you no longer have pet?
<b><i>How will your new cat spend its days? (check everything that applies):</i></b>			
<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Crated <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Porch <input type="checkbox"/> Bedroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Barn <input type="checkbox"/> Other: _____			
<b><i>How will your new cat spend its nights? (check everything that applies):</i></b>			
<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Crated <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Porch <input type="checkbox"/> Bedroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Barn <input type="checkbox"/> Other: _____			
<b><i>This pet will be alone for about:</i></b>	<b><i>Hours per day</i></b>	<b><i>Days per week:</i></b>	
<b>Who will have primary responsibility for the care and feeding of your new cat?</b>			
<b>What arrangements will you make for your pet when you are away on vacation, etc.?</b>			
<b>It may take your pet 2-3 weeks or longer to adjust to its new home. Are you prepared to allow this much time?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>It is necessary to keep your new cat indoors for 10 days to 2 weeks to allow it to adjust to the new surroundings before allowing it to go outdoors on its own. Will you be able to do this?</b> <small>(We recommend keeping cats indoors with access to an enclosed run area outside, instead.)</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have any questions about adopting, or the cat/kitten you are interest in?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE: Hope Animal Rescue accepts adoption fees in the form of cash, personal check or credit card\*.  
\*5% card fee will be added to adoption fee.**



**You agree to allow us to visit your home by appointment if deemed necessary. All of the information I/we provided in this application is true and correct. If any of the information changes, I/we will advise you promptly. I/we understand that there is an adoption fee involved for each pet that I/we wish to adopt from Hope Animal Rescue.**

Your Name (print):		Signature:	
Email:		Best time to call:	
HAR Staff (print):		HAR Signature:	

For Shelter Use Only	Application approved?	Yes <input type="checkbox"/> No <input type="checkbox"/> HAR Staff	Home Visit Complete?	Yes <input type="checkbox"/> No <input type="checkbox"/> HAR Staff
	Meet/Greet Complete?	Yes <input type="checkbox"/> No <input type="checkbox"/> HAR Staff	Comments:	
	Adoption Fee Received?	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> CC	Amount:	Date:

**Email to: FosterHopeAnimalRescueofIowa@gmail.com**