

Cat Adoption Application - Home At Last Animal Rescue

P.O. Box 2261, Berkeley, CA 94702-0261. T: 510-237-1625. Fax: 510 540 6539.

A non-profit rescuing abandoned pets and finding them loving homes. EIN 94-3338577.

Name of Cat wanted: _____ Date _____

Your name _____

Street Address _____ City _____ Zip _____

Home Phone _____ Work / other phone _____

E-mail address _____

What attracted you to this particular animal? _____

What kind of personality are you looking for in a pet? _____

What behavior traits would be completely objectionable? (You wouldn't be willing to work with) _____

If you move, will the cat relocate with you? Yes ____ No ____

If NO, then with whom? _____

How long have you been looking for a cat? _____

Have you discussed adoption with other members of your household and are ALL members OK with bringing in a new animal? Yes ____ No ____

If NO, please describe _____

Who will be in charge of the daily care of the cat? _____

Who will care for the cat during vacations? _____

How do you plan to confine the cat during the day? _____

What arrangements will be made to shelter your pet at night? _____

Have you ever housebroken a kitten before? Yes ____ No ____

If YES, how long ago? _____

Do you live in a: House ____ Apartment ____ Condo ____ Other ____ ?

Do you Own ____ Rent ____ ? If RENT, please give landlord's name and phone # _____

How many people reside with you? _____

List those under 18: _____

Does anyone have allergies? Yes ____ No ____ If YES, please describe _____

List any pets you have living with you now: _____

What pets have you owned in the past? _____

What happened to these pets? _____

Have you ever had to give up ownership of a pet? Yes ___ No ___ If YES, please explain why _____

Do you still have the animal you adopted? Yes ___ No ___ If NO, please describe why _____

What is your work schedule ? _____

Will the animal be left home for more than 4 hours a day? Yes ___ No ___ Where will your pet stay, or who will care for it, while you are at work? _____

Many pets will go through a transition period after moving into their new home, where they might act shy and not eat for several days. How will you approach this situation? _____

Are you fully aware and financially prepared to deal with the costs associated with owning an animal? (i.e. vaccination, quality food, litter, etc., as well as veterinary expenses due to illness or emergencies.) Yes ___ No ___ What is your estimate of the cost of appropriate care for this animal **per year**? _____

What is/was the name and location of your veterinarian? _____

How often does your pet visit the vet? _____

Will you Spay or Neuter your cat if it has not already been altered? Yes ___ No ___

Do you agree NOT TO DECLAW your cat or kitten? Yes ___ No ___ If NO, please explain _____

Do you have any objections to having a HAL representative visit your home before or after your pet adoption? Yes ___ No ___ If YES, please describe why _____

If, for any reason, Home At Last feels that the pet you are applying for won't be the right match for you or your living conditions, would you be interested in being contacted if we do find a match for you? Yes ___ No ___

How did you find out about Home At Last? _____

I hereby affirm that the foregoing is true and correct to the best of my knowledge and belief. Home At Last reserves the right to terminate the adoption if concerns are raised about the truthfulness of the answers.

Date _____ Applicant's signature _____

-- Please note that identification will be required for all adoptions.

-- You must be 18 years of age in order to adopt an animal from Home At Last.

To be completed by HAL staff: Date received: _____ Interviewed by _____

Approved? Yes ___ No ___ Comments: _____