Cat Adoption Form: The Humane Society of Greater Kansas City

Welcome! We request the following information and a consultation with an adoption counselor to help you find a cat with the qualities you’d like and who matches your lifestyle. To be considered as an adopter, you must:

- Be 21 years of age
- Have the knowledge and consent of all adults living in your household
- Have a valid ID with current address
- Have the knowledge and consent of your landlord
- Understand that The Humane Society of Greater Kansas City must approve your application (based on the policies set by the board of directors.)

Name:_______________________________________________________ Email:______________________________

Address:________________________________________________________ City/State/Zip:________________________

Best Phone# to reach you:_________________________ Second Phone#:____________________________________

1. Your age:_____ Please list the names and ages of all other adults and children living in your home:
   __________________________________________________________________________

2. Where do you live? (circle) House  Apartment  Condo  Duplex  Mobile  Other_______
   Do you: Rent  Own  Live with parents
   Landlord’s name___________________________ Phone___________________________
   What is your landlord’s pet policy, and is a deposit or rent increase required?
   __________________________________________________________________________

3. Does your home have a dog or cat door?  Yes____  No____

4. Are there any persons who regularly visit the home (grandchildren, family members, etc.)? If so, please explain and list their ages:
   __________________________________________________________________________

5. Is anyone in your home allergic to cats?  No____  Yes:_________________________________________________

6. What pets do you currently have?

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<tr>
<th>Pet’s Name</th>
<th>Type/Breed</th>
<th>Inside or Outside Pet</th>
<th>Age</th>
<th>Sex</th>
<th>Spay/Neutered</th>
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What pets have you had in the past 10 years but no longer have?

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<th>Pet’s Name</th>
<th>Type/Breed</th>
<th>Inside or Out</th>
<th>Age</th>
<th>Reason no longer with you</th>
<th>Spay/Neutered</th>
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7. Do you vaccinate annually?  Yes___  No____  Other:________________________________

8. Who is/was your veterinarian for the above pets?______________________________ Phone:________________
9. Are you interested in adopting a particular cat? If yes, name of cat: ________________________________

10. What type of cat are you looking for? (circle all that you’d be interested in)
    Male    Female    Kitten    Adult    Senior    One with Special Needs: Medical or Behavioral

11. Do you want a particular breed, color, or fur length? If yes, describe: ________________________________

12. Why would you like to adopt a cat? (circle all that apply)   Companionship   Friend for my pet   For the kids   Gift
    Barn cat    Mouser    Office cat    Breeding
    Other: ____________________________________

13. What qualities and behaviors are you looking for in your new cat?_____________________________________
    ____________________________________________________________________________________________

14. Where will your cat live, or be given access to? (circle all that apply)    In the house    Indoors/Outdoors as chooses
    Outdoors    Outdoors on a leash    Screened porch    Barn    Garage
    Other, or comments:___________________________________________________________________________

15. How many hours each day will your cat be home alone (without human companionship)?_____________________
    ____________________________________________________________________________________________

16. a. Do you want a declawed cat?   Yes_____   No_____   Not sure_____   Doesn’t matter_____
    b. Do you intend to declaw if he/she is not already declawed?   Yes_____   No_____   Not sure_____   Doesn’t matter_____
    c. Are you aware of the potential side effects of declawing a cat?   Yes_____   No_____   Not sure_____   Doesn’t matter_____
    d. Are any of your current/past cats declawed?   Yes_____   No_____   Not sure_____   Doesn’t matter_____
    e. Under what circumstances would you declaw? (circle all that apply)     None      Destruction of furniture
    Other cat is declawed    Veterinarian recommended    Landlord requirement    Scratching adult or child
    New baby    Personal preference    Unsure    Other, or comments:__________________________________

17. What will you do with your cat if you move in the future?_______________________________________________

18. How much do you expect to spend yearly on food, veterinary care, and other costs associated with caring for your cat?
    What would you do if the vet bills went over this amount?________________________________________

19. Would you allow our representative to visit your home before the adoption is completed?   Yes_____   No_____   

20. Are you prepared to make a commitment to care for your new cat for his/her entire lifetime, which could be 15-20 years or more?   Yes_____   No_____   
    Have you made provisions for your pet if something should happen to you?   No_____   Yes:_____________________

21. It may take your new cat two or more weeks to adjust to your home, especially if other pets are involved.
    Are you prepared to allow this much time?   Yes_____   No_____   

22. Have you adopted a pet from us before?   No_____   Yes:___________________________________________________________
    Are you a volunteer with The Humane Society of Greater KC, or affiliated with our organization, or know someone affiliated? If yes, please explain:___________________________________________________________________
    Is there any additional info you’d like to provide?___________________________________________________________
    ____________________________________________________________________________________________

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet. I authorize investigation of all statements on this application. I understand that this application is property of the Humane Society of Greater Kansas City.

Signature:_________________________________________________Date:______________________________

Completed forms may be faxed to 913/596-2483 (fax #). Or emailed to: christine@hsgkc.org