



<b>Official Use Only</b>	
Cat Name	_____
ID #:	_____
Chip #	_____
Kennel:	_____
AC name:	_____
Date/Time:	_____
Cnsl done:	Yes No
Notes:	_____
	_____
	_____
	_____

**Cat Adoption Application**

To adopt a pet you:

- o Need to present current identification showing present address.
- o Must be at least 18 years of age.

**Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Secondary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Why would you like to adopt a cat? \_\_\_\_\_

**Housing Information**

Apartment    House    Mobile Home    Other: \_\_\_\_\_

Rent\*    Own

\*Landlord's name and phone number: \_\_\_\_\_

Do any children reside in your home?    Yes    No

If yes, please list their ages: \_\_\_\_\_

**Turn Over**

**Pet Information**

Please list all current AND past pets in your home.

Name Species Breed Age Indoor/Outdoor? Past or Present? Are they Spayed/Neutered?

\_\_\_\_\_ Yes  No

\_\_\_\_\_ Yes  No

\_\_\_\_\_ Yes  No

\_\_\_\_\_ Yes  No

Please list any known causes of death for past pets: \_\_\_\_\_

\_\_\_\_\_

Do you plan to have your adopted cat declawed? Yes  No  Maybe

Why? \_\_\_\_\_

Have you declawed any of your previous cats? Yes  No

If so, why? \_\_\_\_\_

**Additional Information**

I would like information on or have questions about? (check all that apply)

Introductions: Cat to Cat  Cat to Dog  Cat to Child

Litterbox/Elimination Problems  Unwanted Scratching/Teaching to Use Scratching Post

Enrichment  Eliminating Unwanted Behavior  Other: \_\_\_\_\_

**Agreement**

By signing this form, I acknowledge that all information on this form is true and correct. I understand that any misrepresentation of fact may result in NHS refusing adoption privileges to me. I authorize NHS to contact the landlord if applicable. If my request for adoption is approved and later NHS discovers the above information is not true or correct, NHS reserves the right to remove the adopted cat from my home.

I would like to make an ADDITIONAL DONATION of \$\_\_\_\_\_ to go toward the care of other adoptable animals at Nevada Humane Society.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Once completed please hand back to a staff member to begin your adoption process!**