



## ADOPTION APPLICATION

P.O. Box 6, San Carlos, CA 94070

Phone: 650-508-9013

E-mail: [adopt@homelesscatnetwork.com](mailto:adopt@homelesscatnetwork.com)

[www.homelesscatnetwork.com](http://www.homelesscatnetwork.com)

**Thank you for considering one of our rescued cats! Completing this application helps us match you with the perfect feline companion. Our adoption process includes:** 1) the application; 2) an in-person meeting with the cat and an HCN volunteer; and 3) a home visit to discuss safety and adjustment issues, prior to the adoption. An adoption contract will be signed, and an adoption fee collected. Any questions? Please don't hesitate to ask!

### CONTACT & RESIDENTIAL INFORMATION

Name:

Home address (include city):

How long have you lived at this address?

Own [  ]

Rent [  ]

(If Rent, we will need proof of permission to have a cat.)

Home phone:

Cell phone:

E-mail address:

Occupation:

How many PEOPLE currently live in your household?  
Please note the number, by age range, below:

\_\_\_\_\_ Adults (18+)

\_\_\_\_\_ Children (6-12)

\_\_\_\_\_ Teens (13-17)

\_\_\_\_\_ Toddler (0-5)

If you have children, please describe any prior experience interacting with or living with cats:

How many PETS currently live in your household? Please list names, species, and ages below:

If any pets have left your home in the past five years, please detail, including reason for departure:

### CAT BACKGROUND

Are you applying for a specific cat or cats? If so, please list their name(s).

*For HCN Use Only: Cat ID number/s:*

What are you looking for in your next cat/s: age, looks, personality, habits?

What is your annual budget for your cat's care (including food/litter, toys, vet)? Please describe:

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<b>CAT HEALTH</b>	
Do you have a veterinarian? Yes [ ] No [ ]	May we contact your vet? If Yes, please provide contact info:
Are any of your cats declawed? Yes [ ] No [ ] Don't have cats [ ]	Under what circumstances, if any, would you declaw your next cat/s (i.e., excessive furniture scratching, etc)?
Have you had behavioral problems with cats in the past? Yes [ ] No [ ] Haven't had cats [ ]	If yes, what were the problems and how did you handle them.
Is anyone in your family allergic to cats? Yes [ ] No [ ] Don't know [ ]	If someone developed an allergy to cats, what would you do?
Does anyone smoke inside your house? Yes [ ] No [ ]	If anyone smokes inside your home, how do you protect the cats?

<b>CAT LIFESTYLE</b>	
Will you allow your cat/s up on furniture (chair, couch, bed)?	
Will the cat/s spend time outside? If so, please describe:	
Where will the cat/s be kept when no one is home?	Will the cat NOT be allowed anywhere in the home?
What will you do with your cat/s when you are traveling for work or vacation? [ ] Take with us    [ ] Board the cat    [ ] Hire a pet sitter    [ ] Stay with friend/family    [ ] Other	
If you had to move, what would you do with your cat/s?	
Under what circumstances might you consider surrendering your cat?	
Moving [ ]	Excessive Furniture Scratching [ ]
Divorce/Breakup [ ]	Cat Develops Serious Illness [ ]
Loss of Job [ ]	Does Not Get Along With Other Pets [ ]
Allergy of Family Member/Roommate [ ]	Inappropriate Urination/Defecation [ ]
Is there any information you would like to add, or any questions you have?	

***Thank you for completing our application!***