



1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

### CAT - Adoption Interview Application

This application is intended to help us match our pets with the right household. We reserve the right to verify any and all information contained in this application, check with landlords, and check home sites. Please fill out all of the questions as accurately as possible.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Physical Address: \_\_\_\_\_ APT/UNIT # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you anticipate moving in the next 30 days?  Yes  No

Do you live in:  House  Apartment  Houseboat  Manufactured Home  Condo  Other: \_\_\_\_\_

Do you:  Own  Rent  Live with parents/family  Other (explain) \_\_\_\_\_

Have you spoken to your landlord about adopting a new cat?  Yes  No

If there are children in the home what are their ages? \_\_\_\_\_

Who will be the primary caretaker of this cat?  Self  Child  Spouse  Family  Other (explain) \_\_\_\_\_

Purpose for adopting:  Companion  Barn Cat/Mouser  Gift  Other (explain) \_\_\_\_\_

**HAVE YOU RECEIVED FREE FOOD FROM THE HUMANE SOCIETY IN THE PAST THREE MONTHS?  Yes  No**

Are there any pets currently living at your residence?  Yes  No If yes, please list below:

Breed: \_\_\_\_\_  Male  Female Spayed or Neutered?  Yes  No Age: \_\_\_\_\_

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Breed: \_\_\_\_\_  Male  Female Spayed or Neutered?  Yes  No Age: \_\_\_\_\_

Have you had any other pets in the last five years?  Yes  No If yes, please list below:

Breed: \_\_\_\_\_ Where is he/she now? \_\_\_\_\_

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Where will this cat sleep at night?  Indoor  Outdoor  Garage

Will this cat spend any time outdoors unsupervised?  Yes  No

Do you plan on declawing?  Yes  No Would you like information on alternatives to declawing?  Yes  No

Alternate contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge. I understand that falsification of this information may be cause for denial of my application.

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

**APPLICANTS: PLEASE DO NOT WRITE BELOW**

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord / Property Owner Approval  Needed  Done  N/A Result: \_\_\_\_\_

Licensing Jurisdiction  CLARK  BG/LaCenter/Ridgefield  Clark/Yacolt  Camas  Washougal  Other WA  
 Out of jurisdiction

HSSW Files  SB ID # \_\_\_\_\_

Socials: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Adoption Consult Done  Yes  No  N/A Team Member \_\_\_\_\_

OSQ Reviewed/Copied  Yes  No  N/A File Restrictions Reviewed  Yes  No  N/A

Medical Release Signed  Yes  No  N/A Cat/Child Meet  Yes  No  N/A

Transfer/Medical Paperwork Copied  Yes  No  N/A Medication Given  Yes  No  N/A

Adoption Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Date: \_\_\_\_\_ Animal ID: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered  Yes  No Age: \_\_\_\_\_  
\_\_\_\_\_ (name of cat)  Adopted  Hold  First  Second  Third

Hold expires: Date \_\_\_\_\_ Time \_\_\_\_\_ Reason for hold \_\_\_\_\_

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Cat's location:  Cattery # \_\_\_\_\_  Cat Colony \_\_\_\_\_  Isolation  Stray  Foster

Hold confirmed:  Yes  No Comments: \_\_\_\_\_

CCL# \_\_\_\_\_ Microchip# \_\_\_\_\_

Adoption Consult Done  Yes  No  N/A Team Member \_\_\_\_\_

OSQ Reviewed/Copied  Yes  No  N/A File Restrictions Reviewed  Yes  No  N/A

Medical Release Signed  Yes  No  N/A Cat/Child Meet  Yes  No  N/A

Transfer/Medical Paperwork Copied  Yes  No  N/A Medication Given  Yes  No  N/A

Adoption Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Date: \_\_\_\_\_ Animal ID: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered  Yes  No Age: \_\_\_\_\_  
\_\_\_\_\_ (name of cat)  Adopted  Hold  First  Second  Third

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