



ECHS CAT ADOPTION APPLICATION

Date _____
Interested in: _____
OR: _____
Counselor: _____

Name: _____ Phone: _____
Address: _____ Cell: _____
City: _____ State: _____ Zip: _____ E-Mail: _____

You may be surprised to find adopting a pet is more involved than you would expect. It is important to understand that the process is the same for everyone and it is not our intent to frustrate adopters. Everything we do is for the best interest of the animals in our care and is aimed at giving them a second chance at finding a permanent home. The consultation process is designed to help us determine if the adoption is in the animal's best interest and to assist you in finding an animal most compatible with your lifestyle. The shelter reserves the right to refuse adoption to anyone.

How long have you lived at this address? _____ House _____ Apartment _____ Other(explain) _____ Own/Rent (circle)
If you rent, does your renters agreement allow pets? Y/N Have you check with your landlord? Y/N

****COUNSELOR – ADVISE APPLICANT THAT IT'S THEIR RESPONSIBILITY TO CHECK WITH LANDLORD REGARDING PETS****

Moving anytime soon? Y/N When: _____ Where: _____
#Adults in Home _____ # of Children _____ (Ages of children) _____ Activities/Sports involved in _____
Employment: _____ # Years Employed? _____
Full-Time? _____ Part-Time? _____ Daytime _____ Evenings _____ Nights _____ Weekends _____
Spouse/Partner Employment? _____ # Years Employed? _____
Meet significant other: _____ How long have they been together? _____
Are you over 21? Y N Are you a student? Y N Are you open to a home visit? Y N
For whom are you adopting this pet? Self _____ Children _____ Family _____ Gift _____ Other _____
Do any household members have allergies to cats? Y N Who? _____
Who will be primarily responsible for the care and supervision of this pet? _____
How many hours will your pet spend alone without human companionship? _____
Who will care for this pet in the event of an emergency or you go on vacation? _____
Will this cat be kept inside? Y N What rooms? _____ Outside? Y N Where? _____
How will you prevent him/her from not going in certain areas of the house? _____
Have you ever had to give up a pet for any reason? Y N (if yes, please explain) _____
As an adult, have you ever owned a cat? Y/N
Ever have a pet hit by a car? Y/N (if yes, please explain) _____ If yes, how will you prevent this from happening again? _____
Do you need to introduce a current cat or dog to this cat? Y N

IF APPLICANT CURRENTLY HAS A DOG, DOES THE DOG GET ALONG WITH CATS? _____

Have you ever adopted from a shelter? Y/N Where? _____ When? _____
Do you currently or do you plan to provide any kind of daycare for children? Y N
First cat? Y N Looking for: (circle one) Baby Adult Old Needy
Activity level: (circle one) Loner Calm Cuddler Playful Mouser
Is hair a concern for you and for your home? (Circle one) BIG Concern Possible Concern No Concern
Do you use flea protection on pets? Y/N explain _____
Do you plan on de-clawing this cat? Y/N What will you do if the cat/kitten claws furniture or shows other destructive behavior?

COUNSELOR: Give advice on nail trimming, providing scratching posts, etc.

Discuss the cat's characteristics, as it appears in the shelter _____
Will family/friends come to visit with their pets? _____

***Counselor: Explain proper procedures in introducing this pet to other pets that come to their home.**

PLEASE LIST THE PETS YOU HAVE HAD IN THE PAST 5 YEARS (both current and past pets)

Name	Breed	Years Owned	Altered	Pet current--- health, age	Pet past --what happened?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are all of your current pets up to date with rabies vaccinations? Y/N (if No, please explain)_____

Can you provide proof of rabies for your current pets? Y/ N (if NO, please explain)_____

Are you aware that all dogs and cats over 3 months of age are required to have a current rabies vaccination? Y/N

COUNSELOR DISCUSS RABIES LAW WITH APPLICANT AND ALSO DISCUSS OTHER VACCINES NECESSARY FOR GOOD HEALTH

Veterinarian's Name: _____ Phone: _____

I hereby agree that all the information stated is true

Signature: _____ Date: _____

Valuable Suggestions:

- Discuss Breed Characteristics (if pure bred)
- Discuss enrichment for cats (toys, exercise, climbing towers, etc)
- 1st few days at home, keep cat in same room as litter box
- 2 cats/2 litter boxes
- Procedure for introducing new cat to current cat
- Feeding schedule
- Healthier Brands of food = Healthier pets (avoid corn as 1st ingredient)
- Long haired cats need regular grooming!
- If using a collar, discuss the use of a 'break away' collar
- All of our cats are microchipped

Counselor's Concerns & Comments: _____

Approved: _____

Denied: _____ (Reason) _____