



*We don't just place pets.  
We complete families.*

**CAT PRE-ADOPTION QUESTIONNAIRE** Date: \_\_\_\_\_ (We throw away after 30 days)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PHONE Home or Cell: \_\_\_\_\_ WORK: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

SPOUSE OR PARTNER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DO YOU:  Own your Home  Rent or Rent to Own  On College Campus  Live with Parents or Family  
If you rent/live on college campus/live with someone we will need the land owner's information to verify able to have pet.

LANDOWNER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

If Student – where will pet go during holidays, summer, etc (we may ask to verify): \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

How many people live in the address above? \_\_\_\_\_ And if children what ages? \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ARE YOU:  Working  Retired  Attending School  Other: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

If in School where will the pet be during holidays/summers, etc? : \_\_\_\_\_

Do you or does anyone living in your household have any known allergies to animals? \_\_\_ Yes \_\_\_ No  
If yes, to what kind (s) of animals and how severe are the allergies? \_\_\_\_\_

Why do you want to adopt a pet? \_\_\_\_\_

Are you aware some places/insurances have breed and size restrictions as well as a pet limit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Preference as to breed, type, sex, age, size, length of hair, etc.? \_\_\_\_\_

Do you have a specific animal in mind from here? \_\_\_\_\_

If not - would you like us to keep this on file in case something comes through? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this your first experience with owning a pet? \_\_\_ Yes \_\_\_ No

Are you a previous adopter or how did you hear about our adoption service? \_\_\_\_\_

Who will be responsible for the care of the pet? \_\_\_\_\_

Where will the pet be kept during the day? \_\_\_\_\_ Night? \_\_\_\_\_

How many hours a day will the pet spend alone, (without humans) ? \_\_\_\_\_ And kept where? \_\_\_\_\_

Are you aware of the fees involved with owning an animal including but not limited to annual vaccinations, grooming, licenses, heartworm and flea prevention medication, food, boarding, fecal exams, sickness, etc. and you are prepared to incur these costs?  
\_\_\_ Yes \_\_\_ No



Do you know if your current pet is : Dog Friendly: \_\_\_\_\_ Cat Friendly: \_\_\_\_\_ Other: \_\_\_\_\_

What pets do you currently have in your household? If more than three, please use the back of the application.

1) Pet's Name: \_\_\_\_\_ Type: \_\_\_ Dog \_\_\_ Cat \_\_\_ Other  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Are they spayed or neutered? \_\_\_ Yes \_\_\_ No Kept Where? \_\_\_ In \_\_\_ Out  
Name of Veterinarian who spayed/neutered: \_\_\_\_\_

2) Pet's Name: \_\_\_\_\_ Type: \_\_\_ Dog \_\_\_ Cat \_\_\_ Other  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Are they spayed or neutered? \_\_\_ Yes \_\_\_ No Kept Where? \_\_\_ In \_\_\_ Out  
Name of Veterinarian who spayed/neutered: \_\_\_\_\_

3) Pet's Name: \_\_\_\_\_ Type: \_\_\_ Dog \_\_\_ Cat \_\_\_ Other  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Are they spayed or neutered? \_\_\_ Yes \_\_\_ No Kept Where? \_\_\_ In \_\_\_ Out  
Name of Veterinarian who spayed/neutered: \_\_\_\_\_

**\*\*PLEASE NOTE WE DO CHECK VETERINARY RECORDS FOR SPAY/NEUTER & VACCINE HISTORY**

Please list pets owned/deceased in the past five years other than those listed above. If more than three, please use the back of the app.

1) Pet's Name: \_\_\_\_\_ Type: \_\_\_ Dog \_\_\_ Cat \_\_\_ Other  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_  
Were they spayed or neutered? \_\_\_ Yes \_\_\_ No Kept Where? \_\_\_ In \_\_\_ Out  
Time Owned: \_\_\_\_\_ What Happened to them? \_\_\_\_\_

2) Pet's Name: \_\_\_\_\_ Type: \_\_\_ Dog \_\_\_ Cat \_\_\_ Other  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_  
Were they spayed or neutered? \_\_\_ Yes \_\_\_ No Kept Where? \_\_\_ In \_\_\_ Out  
Time Owned: \_\_\_\_\_ What happened to them? \_\_\_\_\_

3) Pet's Name: \_\_\_\_\_ Type: \_\_\_ Dog \_\_\_ Cat \_\_\_ Other  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_  
Were they spayed or neutered? \_\_\_ Yes \_\_\_ No Kept Where? \_\_\_ In \_\_\_ Out  
Time Owned: \_\_\_\_\_ What happened to them? \_\_\_\_\_

Have you ever surrendered to a shelter/rescue or given away pets previously, and if so why?

\_\_\_\_\_

Who is/has been your Veterinarian? \_\_\_\_\_

Veterinarian's Phone and/or Address: \_\_\_\_\_

Is this the veterinarian you plan on using for the newly adopted pet? \_\_\_\_\_



For Cat Adoptions Only

Do you want a cat for (Check all that apply)

House Pet     Companion     Gift     Company for Other Pet     Other

Will the cat be allowed outdoors?     Yes     No

If yes, under what circumstances? \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ If yes, how high is the fence and what type (chain,vinyl,wood)? \_\_\_\_\_

Do you plan on having your cat de-clawed?     Yes     No

If Yes – have you fully researched the long term health effects of declawing? \_\_\_\_\_

Would you be open to other options such as nail caps, learning to trim nails, etc? \_\_\_\_\_

What will you do if your cat claws furniture or shows other destructive behavior?  
\_\_\_\_\_

**Please list two (2) personal references (not related to you & not related to each other):**

(1) Name: \_\_\_\_\_ (2) Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*PLEASE NOTE YOU MAY BE DENIED IF YOUR CURRENT ANIMAL(S) IS NOT SPAYED OR NEUTERED.**

**\*\*PLEASE NOTE YOU MAY BE DENIED IF YOU ALLOW THE ANIMAL OUTSIDE UNATTENDED.**

**\*\*PLEASE NOTE YOU MAY BE DENIED IF YOU PLAN ON DECLAWING THE CAT.**

**\*\*PLEASE NOTE WE RESERVE THE RIGHT TO DO A HOME VISIT BEFORE THE ADOPTION IS FINALIZED.**

**\*\*PLEASE NOTE WE RESERVE THE RIGHT TO RECLAIM OWNERSHIP OF THE ANIMAL.**

**Due to the fact that Animal Control and The Humane Society operate at capacity, it may be necessary in the event an animal needs to be returned that you will be required to contact us to be placed on the Awaiting Return List. We are not able to determine a time that you can return the animal however you will be placed on the list in the order that the requests are received. You will be contacted as soon as space is available. We may be able to assist you with the issue at hand i.e., Supply Crate, cross post your animal on FB and make Recommendations until a space is available.**

**\*\*\*We reserve the right to re-evaluate the behavior of your animal and may refuse to accept the animal back based on Unacceptable Behavior.**

I certify that the information I have given is true, and I authorize the Humane Society of Harrison County, Inc. to contact Veterinarians, landlords, and references to investigate all statements in this application. I also understand, if for any reason, the Humane Society of Harrison County, Inc. has the right to do a home visit/check on adopted animal. I am not to rehome my animal until I have first spoken to the HSHC about returning.

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

Spouse/Partner/Roommate Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FOR SHELTER USE ONLY!  
DO NOT WRITE ON THIS PAGE!**

**STAFF:**

Review each question entirely before adoption is approved. If renters. Landlord information must be checked and completed in its entirety before adoption can take place. Sign your name and date the form for each adoption. Thank you.

**Renter Information**

Landowner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are pets allowed: \_\_\_\_ Yes \_\_\_\_ No

Does a deposit need paid, and if so paid before the animal leaves?

Are all questions filled out in their entirety? \_\_\_\_ Yes \_\_\_\_ No

Are they all answered in a satisfactory manner? \_\_\_\_ Yes \_\_\_\_ No

Are there any red flags or concerns/comments? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain in space below)

Do Not Adopt Verified? \_\_\_\_ Yes \_\_\_\_ No

**I have read the application in its entirety and feel that the aforementioned applicant is eligible for adoption.**

\_\_\_\_\_  
HSHC Staff Member

\_\_\_\_\_  
Date

