

## Rock Springs Humane Society Cat Adoption Application

Date: _____	Phone: _____
Name: _____	Mailing Address: _____
Street Address: _____	State: _____ Zip: _____
City: _____	

To help us decide if you and the chosen cat are well suited for each other, please answer the following questions truthfully and to the best of your ability. You are agreeing to a home visit, which will be done before the adoption is finalized. The results of which will determine adoption eligibility. The Rock Springs Humane Society reserves the right to refuse adoption to anyone for any reason. There are no refunds on adoptions.

Please check the correct answer for the following questions:

1. Are you interested in adopting this animal for: Yourself \_\_\_\_\_ Family \_\_\_\_\_ Someone else \_\_\_\_\_
2. Please check all that apply:  
Mouser \_\_\_\_\_ Companion \_\_\_\_\_ Barn Cat \_\_\_\_\_ Family Pet \_\_\_\_\_  
Child's Pet \_\_\_\_\_ Companion for other pet \_\_\_\_\_  
Other (explain) \_\_\_\_\_
3. Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_
4. If you lease does your landlord allow pets: Yes \_\_\_\_\_ No \_\_\_\_\_  
Landlords Name: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Where do you live: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condominium \_\_\_\_\_ Duplex \_\_\_\_\_ Modular \_\_\_\_\_
6. Are all members of your household aware that you plan to adopt a cat: Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do all members of your household want a cat: Yes \_\_\_\_\_ No \_\_\_\_\_
8. How many children live in the home? \_\_\_\_\_ Please list their ages \_\_\_\_\_
9. Is any member of your family allergic to animals: Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_
10. Will an adult be home during the day: Yes \_\_\_\_\_ No \_\_\_\_\_
11. Will your cat be: Outside \_\_\_\_\_ Inside \_\_\_\_\_ Both \_\_\_\_\_
12. Who will be primarily responsible for the care of your cat? \_\_\_\_\_
13. Have you ever adopted a pet from the Rock Springs Humane Society before: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, do you still have your pet: \_\_\_\_\_ If no, please explain why \_\_\_\_\_
14. Pets currently owned: Number \_\_\_\_\_ Type: \_\_\_\_\_
15. Have your pets been spayed/neutered: Yes \_\_\_\_\_ No \_\_\_\_\_
16. Have your pets been vaccinated: Yes \_\_\_\_\_ No \_\_\_\_\_
17. Have you had a dog/cat with an infectious disease, or who has come in contact with an infected animal within the past 3-6 months: Yes \_\_\_\_\_ No \_\_\_\_\_
18. What will you do with your cat if you have to move from your present dwelling? \_\_\_\_\_
19. What will you do with your cat when you go on vacation? \_\_\_\_\_
20. Who is your veterinarian? \_\_\_\_\_
21. Are you aware of the financial and moral commitment of owing a pet: Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you prepared to meet these costs: Yes \_\_\_\_\_ No \_\_\_\_\_
22. Have you ever been convicted of animal cruelty or abandonment: Yes \_\_\_\_\_ No \_\_\_\_\_
23. If this cat is a gift for someone that does not live at your dwelling, please list the following:  
Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

I have read and understand the above, and have answered truthfully to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date