



# Heartland Humane Society



Application to adopt a cat/kitten

Name of cat/kitten you wish to adopt: \_\_\_\_\_

Our purpose at Heartland Humane Society is to place an animal in a good and responsible home where it will receive proper care, love and supervision for life so that it does not ever become a stray again. This application is to assist us in the careful selection of home placement for pets we have available to adopt. You must be 18 years or older to adopt. We reserve the right to refuse any pet adoption.

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

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name of Spouse / Partner / Roommate \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ Email: \_\_\_\_\_

Why do you want to adopt? \_\_\_\_\_ Companion for another \_\_\_\_\_ For child

\_\_\_\_\_ Business Mascot \_\_\_\_\_ Family Pet \_\_\_\_\_ Gift for \_\_\_\_\_

Other \_\_\_\_\_

Have you ever adopted from an animal shelter before? \_\_\_\_\_ If so, when/where? \_\_\_\_\_

Have you ever been refused adoption of a pet from any other shelter? \_\_\_\_\_

## Personal reference:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Your Veterinarian:

Doctor: \_\_\_\_\_ Clinic/Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

When was the last visit to your vet: \_\_\_\_\_ Reason for the visit: \_\_\_\_\_

Can you commit to care for a cat you adopt for its whole life (preventative medication may cost

\$150-200 each year, food and pet supplies may cost \$100+ each year)? \_\_\_\_\_

**Your home:**

Where do you live? (House, Condo, Townhouse, Duplex, Apartment, Dorm, Mobile home):

\_\_\_\_\_ (If mobile home, do you rent your lot?) \_\_\_\_\_

Do you own or rent? \_\_\_\_\_ Landowner's name: \_\_\_\_\_

Landowner's address: \_\_\_\_\_ Phone: \_\_\_\_\_

How many adults are in the home: \_\_\_\_\_

Do you have children? \_\_\_\_\_ Number: \_\_\_\_\_ Ages: \_\_\_\_\_

Do you have children visiting often? \_\_\_\_\_ Number: \_\_\_\_\_ Ages: \_\_\_\_\_

Please note that a majority of the cats & kittens we get in our program have been given up because the family has young children and cannot provide the animal with enough attention and exercise due to their family obligations. For this reason we do not adopt certain animals who need lots of exercise to families with children under 5 years old.

Do you plan to kennel the cat at all? \_\_\_\_\_ If so, how often? \_\_\_\_\_

Who will be responsible for feeding the cat you adopt? \_\_\_\_\_

Will your new cat be kept inside or outside (or both)? \_\_\_\_\_

If your cat is to be an outside animal, what year-round shelter is provided for its protection?

(barn, dog house, porch, garage, other): \_\_\_\_\_

Have you ever owned a cat before? \_\_\_\_\_ Have you ever bred animals? \_\_\_\_\_

List ALL pets in the home currently and within the past 5 years:

Type/Breed	Where kept	Age	Spayed/Neutered	Vaccinated	Still Own?	If No, why not?

Does anyone in your household have allergies? \_\_\_\_\_ If so, what kinds?

\_\_\_\_\_

If you move in the future, what will you do with the pet you're adopting and your other pets?

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A representative of HHS may make a follow-up visit to see how the pet you have adopted is settling into their new home. What would be a convenient time to stop by?

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How many hours will the cat be alone in the home without human companionship?

During the day? \_\_\_\_\_ At night? \_\_\_\_\_ How many days a week? \_\_\_\_\_

Do you travel for work? \_\_\_\_\_ Where will the pet be kept when you're out of town? \_\_\_\_\_

Do you understand that state laws may require vaccinating? \_\_\_\_\_

Have you ever been involved with an animal control department? \_\_\_\_\_

How will you train or handle:

If I munch on your plants? \_\_\_\_\_

Keep you awake at night? \_\_\_\_\_

Miss the litter pan?

Behave Aggressively? \_\_\_\_\_

It may take me two weeks to adjust to my new home, or longer if other pets are there. Are you willing to give me this much time to adjust? \_\_\_\_\_

By signing below, I certify that the information is true and that I will recognize that any misrepresentation of facts may result in me losing the privilege of adoption or keeping an adopted pet. I understand that HHS has the right to deny my request to adopt an animal and I authorize investigation of all statements in this application. I understand that this application is the property of HHS.

It is Iowa law that all animals adopted from a humane shelter must be spayed or neutered. Furthermore, HHS only adopts to homes where all the current pets are spayed or neutered. We reserve the right to refuse adoption to anyone for any reason, and failure to comply with specifications in this agreement constitutes just cause for HHS to revoke the adoption arrangement by removing the animal from your ownership and care, resulting with full ownership of the pet reverting back to HHS.

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

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide staff with a current photo ID that has your correct physical address listed. A copy of this ID will be attached to this application for your records. If you are approved you will need to bring some type of carrier upon adoption to transport your animal.