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## ADOPTION APPLICATION – CAT/KITTEN

NOTE: ANYONE APPLYING FOR ANY ANIMAL THAT IS NOT SPAYED/NEUTERED MUST HAVE A CONFIRMED SPAY/NEUTER APPOINTMENT PENDING APPROVAL OF THEIR APPLICATION.

*The first step in the process of adopting a pet from the HSSM is to complete this application. The application provides important information regarding decisions on permanent and responsible “forever homes” for our animals and information submitted shall be held in strict confidence. Please provide detailed information for all questions. PLEASE NOTE: We reserve the right to accept or deny adoption to any applicant. No animal will be adopted to persons who mislead or fail to provide accurate information on the adoption application.*

Name of the pet(s) you are interested in: \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Spouse/partner/roommate name \_\_\_\_\_

Will the pet reside at the address above? Yes No

If no, explain and provide address where pet will live. \_\_\_\_\_

### EMPLOYMENT INFORMATION

Are you currently (check all that apply):  Employed Full-Time  Employed Part-Time

Unemployed  Retired

Other-explain: \_\_\_\_\_  Student

If employed, name of employer \_\_\_\_\_

Job title/line of work \_\_\_\_\_ How long there? \_\_\_\_\_

Employer address \_\_\_\_\_

Employer phone \_\_\_\_\_

Spouse/partner occupation \_\_\_\_\_

## HOUSEHOLD INFORMATION

How many adults live in your home, other than yourself? \_\_\_\_\_ How many children live in your home? \_\_\_\_\_

List names and ages of all household members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are ALL members of your household aware of and in agreement with adopting a new friend? Yes No  
If no, who is not in favor and what is the nature of their concern or objection? \_\_\_\_\_  
\_\_\_\_\_

## HOME INFORMATION

Do you OWN or RENT your home? \_\_\_\_\_ Type of home (if rent) \_\_\_\_\_

If you rent, landlord's name and phone number (REQUIRED) \_\_\_\_\_

Are you familiar with your landlord's pet policy? Yes No

If yes, what is it? \_\_\_\_\_

## ADOPTION INFORMATION

Why do you wish to adopt this pet? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Companionship                                  | <input type="checkbox"/> Teach my children responsibility/to care for another creature               |
| <input type="checkbox"/> Love animals, want to help a pet in need       | <input type="checkbox"/> Feel sorry for the animal   |
| <input type="checkbox"/> Companion for another pet                      | <input type="checkbox"/> Looking for mouser/rodent control for home, garage, barn, or other building |
| <input type="checkbox"/> Animal is so cute I just can't leave it behind | <input type="checkbox"/> Want to breed   |
| <input type="checkbox"/> Gift for someone. If gift, for whom? _____     |  |

## VET CARE

Are you willing to provide regular vet care for your new pet? Yes No

If no, why not? \_\_\_\_\_

What is your estimate of the cost of annual routine vet care for the pet you plan to adopt? \_\_\_\_\_

Do you agree to have regular checkups for your animal, including all vaccinations? Yes No

If no, why not? \_\_\_\_\_

Who is your current or past veterinarian (if any)? \_\_\_\_\_

Phone \_\_\_\_\_

## CURRENT AND PAST PETS

What pets do you currently have (exclude fish)?

Pet Name	Type of Animal	Age	Where Obtained	Spayed/Neutered?	
				Yes	No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are your current pets spayed or neutered? Yes No

If no, why not? \_\_\_\_\_

Do your current pets wear identification tags? Yes No

If no, why not? \_\_\_\_\_

Are your pets' vaccinations current? Yes No

If no, why not? \_\_\_\_\_

Have your cats been tested for FeLV/FIV (Feline Leukemia/AIDS)? Yes No Unsure

Tell us about the pets you have owned in the past, who are no longer with you:

Pet Name	Type of Animal	Age	Deceased?		If alive, where is it & why?
			Yes	No	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please tell us about the pet's weekly schedule as it pertains to your schedule. **Which hours during the day will your pet routinely be left alone?** (for example, if everyone is at work 8-4 on Monday, you would write 8-4 in the Monday box)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

When inside, how do you plan to keep your pet? (check all that apply)

Free inside house
  Confined to crate
  Inside a closed room

When/if outside, how do you plan to keep your pet? (check all that apply)

Barn       Garage       Patio area       Fenced yard       Indoors only  
 Other \_\_\_\_\_

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

At night? \_\_\_\_\_

**TRAINING AND BEHAVIOR**

How will you introduce your new pet to any existing pet? (*advice is available from HSSM*)  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to handle undesirable behavior, such as chewing, accidents in the house, spraying, scratching furniture, excessive crying, getting onto countertops, etc? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you intend to declaw immediately, wait to determine if declawing seems necessary, train to use a scratching post, discourage scratching through behavior modification such as a squirt bottle, other? (please explain)  
\_\_\_\_\_  
\_\_\_\_\_

**RESPONSIBILITY**

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

How old is this person? \_\_\_\_\_

When you travel, how are your pets cared for while you are gone? \_\_\_\_\_  
\_\_\_\_\_

If the pet(s) were to survive you, what would happen to them? Who would take responsibility for them?  
\_\_\_\_\_

Have you ever relinquished any of your pets to the county pound or any other facility?    Yes    No  
If yes, why? \_\_\_\_\_  
\_\_\_\_\_

How long will you keep the pet you plan to adopt? \_\_\_\_\_

If you move in the future, what do you plan to do with the pet? \_\_\_\_\_  
\_\_\_\_\_

If you are no longer able to keep the animal you adopt, are you willing to comply with the HSSM contract, which you are required to sign, and return the pet to us? Yes No

If no, why not? \_\_\_\_\_

Furthermore, do you agree that if you cannot keep the animal you adopt, you must humanely house this animal until such time as space opens up at the HSSM? Yes No

If no, why not? \_\_\_\_\_

***\* I attest that the above statements are true to the best of my knowledge. I understand that no pet will be adopted to persons who mislead or fail to provide accurate information on this application. I understand that this application is not approved until authorized by HSSM adoption counselors. The Humane Society of Southwestern Michigan reserves the right to accept or deny adoption to any applicant.***

***\* I allow release of all veterinary records of the animals mentioned in this application, current and/or past, for evaluation of responsible pet ownership.***

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

*Please be sure to read the next page thoroughly before turning in your completed application.*

# CATS

## THE RISK INVOLVED IN ADOPTING A PET FROM A SHELTER

*The Humane Society of Southwestern Michigan is not a pet shop but an animal shelter to homeless pets or those pets that can no longer be kept by their owners. The Humane Society of Southwestern Michigan cannot guarantee the health, habits or disposition of these pets, but is most anxious to share with you as much information as is available about them for their sake and yours. Obviously, there are risks involved in adopting a pet. So that you will understand some of them beforehand, **please read the following information carefully.***

### **DISTEMPER:**

Cat distemper is also known as panleucopenia or feline enteritis. This is a highly contagious disease among cats but is not the same virus as dog distemper. Thus, cats cannot contract dog distemper and dogs cannot contract cat distemper. The usual symptoms are loss of appetite, fever, diarrhea, inflamed and watery eyes, drooling, vomiting, dehydration and lethargy. The virus is airborne and can spread by contact with infected animals and can be carried on clothing and shoes of those in contact with infected cats. A preventative inoculation is the best protection, the first of which should be given when the cat is eight weeks old. As with puppies, kittens need a series of distemper shots followed by yearly boosters to keep up a safe level of immunity.

### **UPPER RESPIRATORY VIRUSES:**

These include rhinotracheitis, calicivirus, and herpes viruses. The usual symptoms are repeated sneezing and coughing, nasal and sinus congestion, fever, inflamed eyes, loss of appetite, a humped-over lethargic appearance, and sometimes, ulcers of the mouth. All of these viruses are highly contagious among cats. Prevention through inoculations is the best protection and yearly boosters are required to maintain a safe level of immunity.

### **EAR MITES:**

These parasites are commonly found in cats' ears. Ear mites should be suspected when a cat shakes its head frequently, holds its head unbalanced to one side, rubs and paws its head, and has dirty-looking ears. Left untreated, mites will cause ear infections, leading to deafness and possible loss of the sense of balance.

## **STATEMENT OF UNDERSTANDING**

I understand that the animal I am interested in adopting may require medical treatment that could result in significant veterinary medical bills. **I will not hold the Humane Society of Southwestern Michigan accountable for the cost of such treatment the animal may require after adoption.**

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Signature

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Date