

HOPE

Animal Shelter



Tucson's only no-kill animal shelter for dogs and cats

HOPE Animal Shelter

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Cat Adoption Application

Thank you for applying for a pet from HOPE. You may fill-out this form on your computer using Acrobat Reader or simply print and fill-out by hand. Once complete you may 'submit' through Acrobat or send printed version in the mail. A representative will contact you to schedule an appointment.

PET YOU ARE APPLYING FOR

ADOPTION COUNSELOR NAME

DATE

» Part I: Applicant Information

NAME

ADDRESS

CITY

STATE

ZIP

E-MAIL

PHONE: HOME

PHONE: CELL

Type of residence: HOUSE APT OWN RENT

LANDLORD NAME

PHONE

How long have you lived at this address? _____ **Plans to move?** YES NO

How did you hear about HOPE Animal Shelter? _____

» Part II: Family and Household Information

Number of adults in the household: _____ **Have all of the adults agreed to this adoption?** YES NO

Do you have roommates? YES NO **Do they know you would like to adopt?** YES NO

Contact info (Parents or Roommates):

NAME

RELATIONSHIP

PHONE

NAME

RELATIONSHIP

PHONE

NAME

RELATIONSHIP

PHONE

Number of children in the household: _____ **Their age(s):** _____

Anyone allergic to animals? YES NO

Why would you like to adopt an animal from us? (Check all that apply) COMPANION FOR SELF COMPANION FOR CHILD MOUSER

GIFT COMPANION FOR ANOTHER PET COMPANION FOR ANOTHER HOUSEHOLD MEMBER

Household activity level: VERY BUSY QUIET SOMEWHERE IN BETWEEN

» Part III: Employment Information

EMPLOYER _____

POSITION HELD _____ TIME EMPLOYED _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: WORK _____

For shelter use

DATE _____

LL CHECK _____

APPROVED ADOPTION HOME: YES NO

REASON _____

APPROVED BY _____

» Part IV: Your Pet Information

NAME	CAT/DOG	BREED	AGE	MALE/FEMALE	SPAYED/NEUTERED	WHERE ARE THEY?

Have you ever given an animal away or relinquished an animal to a shelter? YES NO

IF YES, EXPLAIN CIRCUMSTANCES _____

Are your pets current on their vaccines? YES NO Do they wear ID? YES NO Dog(s) licensed? YES NO

NAME OF VETERINARIAN OR CLINIC _____ PHONE _____

May we contact your veterinarian for a reference? YES NO Total number of current pets: _____

When was your current pet(s) last visit to the vet and why? _____

» Part V: New Pet Information

How long have you been looking for a cat? _____ Tell us about your cat ownership experience: _____

Important attributes? (Check all that apply) SIZE GOOD W/KIDS GOOD W/CATS GOOD W/DOGS AGE COAT LENGTH

Are you committed to providing a responsible home for your pet's entire life (15+ years)? YES NO

Are you able to afford a bill of \$200-\$500 for emergency veterinary care if needed? YES NO

If you have to move, what do you plan to do with your pet(s)? _____

When you are out of town who will care for the cat? _____

Who will be the cat's primary care giver? _____

In case of emergency who will care for your cat? _____

Where will the cat be kept during the day? _____ During the night? _____

Do you have a doggie door? YES NO

Do you have a fenced yard? YES NO Type? _____ Height at lowest point? _____

How many hours a day will your cat be left alone? Weekdays: _____ Weekends: _____

What will you do if your cat develops a problem with: scratching, meowing, chewing, separation anxiety, marking, etc? _____

If you smoke do you understand that it is just as harmful to your pet as to you? YES NO

By signing below, I certify that the information I have given is true. I understand that HOPE Animal Shelter reserves the right to deny my application for any reason. I further authorize the investigation of all statements in this application.

SIGNATURE OF APPLICANT _____

DATE _____