**Project Hope No-Kill Animal Shelter**

**Cat/Kitten Adoption Application**

*Thank you for your interest in a Project Hope cat or kitten. Please print and complete the entire application.*

*You may return via mail or in person.*

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

City: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State: \_\_\_\_\_\_\_\_\_\_Zip Code: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Birth: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Age:**­­\_\_\_\_\_\_\_\_\_\_\_\_\_** Date of Application: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please list all the full names and ages of all people currently residing in your home: ­­­­\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the kind of cat you are looking for (Breed, Characteristics, Age, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Will the cat live indoors or outdoors: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Describe your lifestyle (i.e. Active-a lot of people coming and going or quiet-few visitors).

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of animal(s) you wish to adopt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other pets you own now:

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

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

Type Animal: \_\_\_\_\_\_\_\_\_\_\_ Type Animal: \_\_\_\_\_\_\_\_\_\_\_ Type Animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spayed/ Neutered: \_\_\_\_\_\_\_\_ Spayed/ Neutered: \_\_\_\_\_\_\_\_\_ Spayed/ Neutered: \_\_\_\_\_\_\_\_\_\_

If any of your animals are not spayed or neutered, please explain why: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you 21 years of age or older? Yes **[ ]** No **[ ]**

Is everyone in the household agreeable to adding a new pet to the household? Yes **[ ]** No **[ ]**

Are you prepared to care for this pet for the rest of its natural life? Yes **[ ]** No **[ ]**

Do you agree that the cat will live **indoors** as a member of your family? Yes **[ ]** No **[ ]**

Do you understand that we do not adopt cats to be given as gifts? Yes **[ ]** No **[ ]**

Do you understand that pet care (i.e. food, medical care, grooming, and potential damage to furniture and belongings) can be **expensive**? Yes **[ ]** No **[ ]**

Do you believe that **declawing a cat is a cruel and inhumane practice**, often unnecessary, and that a cat should not be subjected to it? Yes **[ ]** No **[ ]**

Are all your pets currently up to date on vaccinations?Yes **[ ]** No **[ ]**

Do you realize that Project Hope **cannot guarantee the health** of any animal because of the unknown history of most? Yes **[ ]** No **[ ]**

Do you understand that **Project Hope wants the cat back** if for some reason you cannot keep it and that the **adoption fee may not be refunded**? Yes **[ ]** No **[ ]**

Do you realize that by signing the adoption contract you are entering a **legally binding agreement** and if you violate any of the terms of the contract the animal can be repossessed and you may have a civil law suit brought against you? Yes **[ ]** No **[ ]**

When an animal is moved to a new environment it may cause stress to the animal. This stress may be displayed by hiding, not eating, aggressive acts and using the potty in unwanted places as well as cause stomach distress. It could take several weeks for your new pet to adjust to your home and your family. Are you willing to tolerate these behaviors and give the animal a reasonable amount of time needed to adjust? Yes **[ ]** No **[ ]**

Is your dwelling a: House **[ ]**  Apartment **[ ]**  Trailer **[ ]**  Other **[ ]**

Do you own or rent your current resident? Own **[ ]** Rent **[ ]**

If you rent your home, do have permission from your landlord to have a pet? Yes **[ ]** No **[ ]**

If you rent, provide name, address and phone number of your landlord to verify that pets are allowed before the cat(s) can be adopted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us why you are interested in adopting a shelter cat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us how you heard about Project Hope? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your current pet(s) ever lived with another pet (cat)? Yes **[ ]** No **[ ]**

If so, how did they get along? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have cats currently, have they been tested for Feline Leukemia/FIV? Yes **[ ]** No **[ ]**

Have you ever had to give up, give away or euthanize a pet for any reason? Yes **[ ]** No **[ ]**

If yes, please explain the circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For what reason(s) would you give up a pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you plan to do with the cat if you go on vacation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had a pet stolen, poisoned or hit by a car? Yes **[ ]** No **[ ]**

If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, how do you plan to prevent this from happening again? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you or anyone else living in the home have a diagnosed disability? Yes **[ ]** No **[ ]**

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you aware of anyone living in the household being allergic to pets? Yes **[ ]** No **[ ]**

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or anyone else living in the home ever been charged or convicted of animal abuse?

Yes **[ ]** No **[ ]**

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or anyone else living in the home ever had an animal removed from your care by law enforcement, animal control or other animal rescue organizations? Yes **[ ]** No **[ ]**

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or anyone else living in the home ever been involved in a case with the Department of Children and Family Services (DCFS)? Yes **[ ]** No **[ ]**

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed? Yes **[ ]** No **[ ]**  If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is your Veterinarian? (Name, City and state) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you do not have a veterinarian, who do you plan on using? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please list all veterinarians with phone numbers that you have used in the past 5 years:

1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list 3 personal references with phone numbers:

1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Project Hope Humane Society is a nonprofit organization. Our animals are not for sale, they are for adoption, which means that a home must meet approval before adopting a pet, including but not limited to filling out this application, possible additional interviews/home visit, a signed contract and other requirements as deemed necessary for the animal to be adopted into a safe and loving home.* *Project Hope Humane Society has a 48-hour waiting period for all adoptions. During this 48 hour period Project Hope may call all references listed above and may use other methods needed to verify the information you have given is correct.* *In addition, Project Hope Humane Society reserves the right to turn down a prospective adoption at any time during this process for any reason.***

I give my consent for Project Hope Humane Society to contact both veterinarians and personal references listed. I understand the 48-hour waiting period and do not object to home visits. I also understand that these references and home visits may affect my ability to adopt a pet from Project Hope Humane Society.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Hope Witness Date

\*\*\* Please return this form to Project Hope to keep with adoption records\*\*\*

**Project Hope Humane Society**
P.O. Box 125
1698 West 10th Street, Metropolis, IL 62960
Phone: 618-524-8939
Email: info@projecthopeanimalshelter.com

---For office use only---

Approved ­­­­­­­­­­\_\_\_\_\_\_\_\_\_ Project Hope Staff initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denied \_\_\_\_\_\_\_\_\_ Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Hope

Dog/Puppy Adoption Questionnaire