

NO PLACE LIKE HOME PET SERVICES
817.707.4239

FELINE ADOPTION APPLICATION

First Name: _____ Last Name: _____ MI: _____

Spouse/Partner/Roommate Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Drivers License Number: _____ Phone: _____

Email: _____

Occupation: _____ Work Phone: _____

Employer: _____

Tell us about your other pets...

How many cats do you have? _____ List their ages: _____

Do your cats receive annual veterinary exams with vaccines or titer testing? _____

Are ALL your cats spayed/neutered? _____ Do you plan to declaw this adopted cat/kitten? _____

What do you feed your cats or plan to feed this cat? _____

How many dogs do you have? _____ List their ages: _____

Do your dogs receive annual veterinary exams with vaccines or titer testing? _____

Are ALL your dogs spayed/neutered? _____ Do your dogs get along well with cats? _____

Who is your veterinarian? _____

Vet address: _____

Vet phone number: _____

Tell us about your household...

How many children do you have living in your home? Please list their ages:

How many adults living in your home? _____

Do you live in (circle one): apartment duplex single family home mobile home

FORM CONTINUED ON REVERSE

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Do you own or rent? _____

If you rent, do you have written permission from your landlord to have a cat? _____

Landlord's name: _____ Landlord's phone number: _____

How will your new cat spend it's DAYS? Circle all that apply.

Indoors with whole house access	Outdoors	Crated
Indoors with partial house access	Garage	Open porch
Screened porch	Sun Room	Locked in room
Barn	Cat House	Locked in bathroom

How will your new cat spend it's NIGHTS? Circle all that apply.

Indoors with whole house access	Outdoors	Crated
Indoors with partial house access	Garage	Open porch
Screened porch	Sun Room	Locked in room
Barn	Cat House	Locked in bathroom

What circumstances would make you consider giving up your pet? Circle all that apply.

Not getting along with other pets	Baby	Moving
Behavior problems	Children lost interest	Too time consuming
Personal/Family Medical Issues	Allergies	Separation/Divorce
Cat's medical problems	Large vet bill	Other:

By signing below, I/we agree to allow you to visit my/our home by appointment as part of our application or follow-up process. All information I/we have provided in this application is true and correct. If any information changes, I/we will notify you promptly.

Signature: _____

Date: _____

NPLH Representative Interview Date and Signature: _____
 If not approved, provide reason: _____