

Homes for Endangered and Lost Pets Cat Adoption Application

**Please fax completed application to 630-497-8921
or email to cats@helpinganimals.org. THANKS!**

Cat/s in which you are interested:		Application Reviewed by:			
Applicant/Co-Applicant Information					
Last Name:		First Name:	DOB:		
Last Name:		First Name:	DOB:		
Address:		Apt. #:			
City:	State:	Zip:			
Home Phone:	Cell Phone:				
Email Address:					
Do you own? Rent?					
How long have you lived at this address?					
Landlord's/Condo board's name:		Phone:			
How were you referred to HELP?					
Family/Household Information (must have information on all adults)					
Number of adults in household:		Relationships:			
Number of children in household:		Ages:			
Have the children had pets before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you expect your current family situation to change?					
Is anyone in your household allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		Who?			
Why would you like to adopt an animal from us? (Check all that apply)					
<input type="checkbox"/> Companion for self <input type="checkbox"/> Companion for child <input type="checkbox"/> Companion for another pet <input type="checkbox"/> Companion for another household member <input type="checkbox"/> Gift					
Employment Information					
Employer:		Type of Work:			
Address:					
City:	State:	Zip:			
How long have you been with this employer?		Work Phone:			
Pet Information					
Please tell us about past or current pets					
Name	Breed	Age	Gender	Spayed/Neutered	Where are they?
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	
Have you ever given an animal away or relinquished an animal to a shelter? If yes, what were the circumstances?					
Veterinarian Information					
Veterinarian's Name:					
When was your current pet's last visit to a veterinarian and why?					
New Pet Information					
How long have you been looking for a pet?					
How much time are you prepared to allow for your new pet to adjust to your home?					
Are you able to afford a bill of \$200-\$800 (or more) for emergency veterinary care? <input type="checkbox"/> Y <input type="checkbox"/> N					

How much do you expect to spend on maintenance for your pet in a year?
Are you committed to providing a responsible home for your pet's entire life (15+ years)? <input type="checkbox"/> Y <input type="checkbox"/> N
If you plan to move, what do you plan to do with your pets?
Who in the household will be the cat's primary care giver?
When you are out of town, who will be the cat's primary care giver?
In case of an emergency, who will care for your cat?
Where will the cat be kept during the day or when you are not at home?
How many hours per day will your cat be left alone?
What would you do if your cat develops a problem with: Scratching Furniture/Carpet (if not declawed): Litter Box Use: Aggression: Hiding:

By signing below, I certify that the information I have given is true and I further authorize the investigation of all statements in this application. And I understand that H.E.L.P. reserves the right to deny my application for any reason.

If this application is accepted and I adopt this pet/pets from H.E.L.P., then later decide to relinquish this pet/pets back to H.E.L.P., I may only be refunded a portion of the adoption fee. If I relinquish this pet/pets after 10 days, no fee will be refunded.

I certify that I have also gone over the following forms with the H.E.L.P. representative and fully understand them. The forms are as follows: "Bringing Your New Cat Home" and "Feline Lower Urinary Tract Disease" (these forms will be included in packet to take home).

Signatures

Applicant:	Date:
Co-Applicant:	Date:

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