

Hallie Hill Animal Sanctuary

Cat Adoption Application Form

Thank you for your interest. Completion of this form does not guarantee that you will receive an animal from us. The information you are providing will be used to determine if we have a suitable animal for your lifestyle. Please return your application to: Hallie Hill PO Box 508 Ravenel, SC 29470 or jennifer_middleton1286@yahoo.com

Date: _____ Which cat are you interested in? _____

Name: _____ Phone #s _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell: (_____) _____

Work: (_____) _____ Email: _____

Driver's License# and State: _____

Are You Married Single If Married, Spouses Name: _____

Your Occupation: _____

Spouse's Occupation: _____

Please list the names and ages of people living in your household (include yourself). _____

Why do you want to adopt a cat? _____

Does anyone in your house have allergies to animals? _____

Where do you live? House Apartment Condo Mobile Home

Do you own or rent? How long have you lived there? _____

If you rent, please provide landlord's name: _____

Landlord's phone number: _____

Where will the cat live? Inside Outside Inside/Outside

Have you ever adopted a cat/kitten before? Y or N If yes, describe the circumstances.

Other pets **currently** owed:

Name: _____ Breed: _____ Sex: ____ Age: ____ Altered? Y or N

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Are all current pets up to date on their vaccines? Yes No Unsure

List **previously** owned pets in the last 10 years and why you no longer have them.

Name: _____ Breed: _____ Reason: _____

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Name: _____ Breed: _____ Reason: _____

Name: _____ Breed: _____ Reason: _____

Name of current (or previous) veterinarian: _____

Phone: (_____) _____

How do you correct unwanted behaviors in a cat? Please give an example. _____

Are you willing to allow a rescue member to visit your home by appointment before and/or after adoption?

Y N

Please add any other information you wish us to consider for possible placement of a cat with you: _____

I declare that the above is true to the best of my knowledge and ability. I authorize the veterinarian listed above to release medical information of my current or previous pets.

Signature

Date