



ADOPTION PRE-APPLICATION

Date of Visit _____

Name of Cat Desired: _____

Applicant Information:

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Email _____

Employer Name _____

Marital Status Single Married Widowed Divorced

Spouse/Partner Name: _____

Applicant Age _____ Spouse/Partner Age: _____

How did you hear about us? _____

Household Information:

Do you live in House Apartment Mobile Condo Other

How long have you lived here? _____ Do you Own Rent Other

If less than 3 years, previous address _____

If you rent, is your lease Month-to-Month Annual



Name of Landlord _____

Does your landlord approve of pets? Yes No

Landlord restrictions? Yes No

Do you have a condo or HOA? Yes No

Pet restrictions? Yes No

Name of Association _____

How many Adults in household? _____ How many children in household _____ Ages _____

Pet History:

Have you ever turned in an animal to an animal shelter? Yes No

If yes, please explain _____

Does it matter if pet is housebroken? Yes No

Are you willing to train? Yes No

Will there be anyone home during the day? Yes No

Is anyone allergic to animal hair? Yes No

How may pets have you owned in the past 5 years? _____

If you no longer have any of your pets from the last 5 years what is the reason?

What breed of pets have you previously owned? _____

Were your pets spayed/neutered? Yes No

How may pets currently in your home? _____

What breed / ages / sex _____

Are they spayed/neutered? Yes No

Do your pets live Indoors Outdoors

Are they up to date on vaccines? Yes No

Are they on heartworm preventative? Yes No

If so, what brand? _____



Have the cats (if any) been tested for feline leukemia?

Yes

No

Would your new pet be living

Indoors

Outdoors

Where would your new pet sleep? _____

Where will your pet be when no one is home? _____

How many hours a day will your new pet be left alone? _____

Indoors

Outdoors

Where will your new pet be when you are home? _____

Is your yard fenced?

Yes

No

If yes, what type? _____

Does everyone in your home want a new pet?

Yes

No

If you relocate are you willing to restrict housing only to places allowing pets?

Yes

No

Where will your new pet stay when you go on vacation? _____

What family member will be responsible for the primary care of the new pet? _____

How do you control fleas/ticks on your pets? _____

Current Vet Name _____

Street Address _____

City _____

State _____

Zip _____

Phone _____

References:

List 3 references we can contact that are not relatives:

Name	Phone	Type of Reference
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



Agreement:

DO YOU AGREE TO RETURN PET TO HAPPY GO LUCKY FERAL CAT RESCUE & SANCTUARY INC. IF YOU CAN'T CARE FOR PET?

Yes

No

By signing this application I attest that the information provided is true and accurate and understand false information will result in denial of adoption. If an omission or untruth is discovered after an adoption takes place, Happy Go Lucky FCR&S reserves the right to annul the adoption and reclaim the animal. While Happy Go Lucky FCR&S makes every effort to ensure that all animals available for adoption are healthy, it is possible that any animal may have an underlying health issue unknown to Happy Go Lucky or our veterinarian. I hereby authorize Happy Go Lucky FCR&S to receive information from Veterinarians and others listed on this application.

Signature _____

Date _____