



Heaven on Earth Society for Animals

PO Box 8171, Van Nuys, CA 91409

www.heavenlypets.org - adoptions@heavenlypets.org

Phone 818-474-2700 Fax 818-698-8142



Cat Adoption Application

Be sure to answer ALL of the questions.

Name: _____ Date: _____

Address: _____ City _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Occupation: _____ Employer: _____

Driver's License #: _____ Email: _____

Are you at least 18 years of age? YES NO Do you Smoke? YES NO

Name of Spouse/Significant other/roommate(s): _____

If this relationship changes, with whom would the cat stay? _____

Any Children? YES NO Names & Ages _____

Do ALL Adults know you plan to adopt? YES NO Is anyone in your household allergic to cats? YES NO

How many hours a day will the cat be alone? _____

Who will be primarily responsible for the cat's care? _____

Do you live in a: House Apt. Condo/Townhouse Other

Do you: Rent Own

Do you have a: Yard Patio Balcony Porch Doggie Door Screen Door

Do your doors open to a: Front/Back yard Enclosed Corridor Courtyard or Outdoors

Do ALL of your windows have screens? YES NO

Is permission granted from your landlord or homeowner's association to have a cat? YES NO

Landlord's name _____ Phone: _____

What is your primary reason for adopting a cat?

Companion: For you Your spouse Children Other pet(s) N/A

Gift For (Name): _____ Phone: _____ Relationship to you: _____

If the cat is a gift, will it be a surprise? YES NO

Do you have a dog? YES NO How many _____ Breed _____ Age & name _____

Do you have other cats? YES NO How many _____ Age & name _____

What other animals do you currently own? _____

Would you have this **NEW** cat spayed/neutered? YES NO If No, Please explain: _____

Do you plan to declaw this **NEW** cat? YES NO Considering Need more info

Please explain: _____

Will this **NEW** cat be: Indoors only Indoor/Outdoor Please explain: _____

In what areas of the home will the cat be allowed? _____

Where will you keep the litterbox? _____

Where will the cat sleep at night? Cat bed Garage Bedroom Anywhere they want Other _____

IF you have other cats: Are they allowed outside? YES NO Explain: _____

Are they declawed? YES NO

Are they spayed/neutered? YES NO

Are their vaccinations current? YES NO

Are they in good health? YES NO If No, explain: _____
Have they been tested for Leukemia (FeLV)? YES NO Results _____
Have they been tested for FIV? YES NO Results _____
What are you currently feeding your cat(s)? _____

Your VET'S Name: _____ Phone: _____

If you currently have a cat or dog, how often does it visit the veterinarian? _____

Have you ever euthanized a pet? YES NO Please explain: _____

Are you prepared to cover any expenses your pet may incur throughout its life? YES NO

Is there a limit? YES NO How much is too much? _____

Give a brief history of ALL PETS you have previously owned as an Adult:

Pet	Where did you get it?	How Long Did you Have it?	What Happened To It
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Do you travel a great deal? YES NO

When you go away for a vacation or business, who will care for the cat? Kennel Sitter Neighbor
Relative Other Please refer me to someone

Under what circumstances would you NOT keep the cat?

Personal changes: Divorce/separation New spouse Pregnancy New Baby New Roommate
New Allergy Job Changes/loss Disability/illness New Carpet/Drapes/furniture
Moving: Locally Out of State Overseas New house/Apt. Other _____

Behavior Problems: Kids too rough with pets Cat too rough with kids Keeps you awake
Sprays/Doesn't use litter box Scratches carpets/drapes/furniture "Talks" too much
Doesn't get along with other pets Demands too much attention/time Other _____

Health Problems: Cat incurs expensive vet bills Requires daily treatment Requires special diet
Tests positive for FeLV or FIV Cat becomes disabled Other _____

None listed: What would be UNACCEPTABLE to You? _____

If you have to give up the cat for any reason what will you do with the cat? _____

Were you ever in a situation where you were not able to keep a pet? YES NO

If yes, Please explain: _____

What breed of cat are you seeking? _____ What gender do you want? Male Female Either

What type of personality are you hoping for? _____

Will you permit a HESA Adoption volunteer to visit your home as part of the adoption process? YES NO

Name of Cat(s) interested in: _____ How did you learn of HESA? _____

Any Additional information you want us to know? _____

Did you Read the Adoptions Procedure Sheet in Full? YES NO If no please read it now!

I have completed the questionnaire above to the best of my ability. By signing I give Heaven on Earth Society for Animals permission to verify the information I have provided. I understand that HESA will exercise discretion in the placement of all animals and that completion of this application does not guarantee that I will adopt an animal.

Print Name _____ Signature _____