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**Office Use Only**

Recv'd \_\_\_\_\_ @ \_\_\_\_\_ am/pm  
via \_\_\_\_\_

Approved / Declined / Incomplete

Entered into Trackabeast \_\_\_\_\_

**\_\_ Cat Adoption \_\_ Cat Foster Application**

Date \_\_\_\_\_ Time \_\_\_\_\_ I am interested in: \_\_\_\_\_ (specific cat's name and breed type)

<b><u>APPLICANT Information</u></b>	<b><u>CO-APPLICANT Information</u></b>
First Name _____ MI _____	First Name _____ MI _____
Last Name _____	Last Name _____
Maiden Name _____	Maiden Name _____
Date of Birth (DD/MM/YYYY) _____	Date of Birth (DD/MM/YYYY) _____
Driver's License # _____	Driver's License # _____
Cell Phone _____	Cell Phone _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Email Address _____	Email Address _____
Street Address _____ Apt/Unit# _____	Relationship with APPLICANT _____
City _____ State _____ Zip _____	
Rent _____ or Own _____	
Length of time at current residence _____ Yrs. _____ Mos.	

If you are renting, please list the name and phone number of your landlord: \_\_\_\_\_  
\_\_\_\_\_

Number of children in household \_\_\_\_ Ages \_\_\_\_\_

Number of adults in household \_\_\_\_\_

Please list names & birthdays of all adults in household

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Address**

Street Address \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of time at this residence \_\_\_\_ Yrs. \_\_\_\_ Mos.

**Employment**

**Applicant Employer:** \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Shift \_\_\_\_\_

Employed here for \_\_\_\_ years and \_\_\_\_ months.

**Co-Applicant Employer: :** \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Shift \_\_\_\_\_

Employed here for \_\_\_\_ years and \_\_\_\_ months.

**Please answer the following questions:**

Will this be your first cat/kitten on your own? YES NO

Do you have a carrying crate? YES NO

Do you have a scratching post? YES NO

Do you or anyone in your household have an allergy to pets? YES NO

Have you ever had to get rid of or re-home a pet? YES NO

If yes, please explain: \_\_\_\_\_

How long have you been looking for a new cat or kitten? \_\_\_\_\_

Who will be responsible for feeding, training and vet care? \_\_\_\_\_

Do you intend to declaw? YES NO

How many hours a day will the cat or kitten be left alone? \_\_\_\_\_

Where will the cat or kitten be housed? (Can choose more than one). \_\_\_\_ Indoor only \_\_\_\_ Outdoors only

\_\_\_\_ Both in & Out \_\_\_\_ Barn \_\_\_\_ Other: \_\_\_\_\_

## VET HISTORY

**\*\*Please contact your vet clinics and release your pet's records to us \*\***

**Current Pets:** List all pet (canines and felines only) that you currently have. Indicate “None” if you currently have no pets.

<b>Pet Type</b> <i>(Circle one)</i>	<b>Name</b>	<b>Breed</b>	<b>Age</b>	<b>Length of ownership</b>	<b>Mainly Kept Inside or Outside?</b> <i>(Circle one)</i>	<b>Vet Clinic Used</b> <i>List all clinics you have used with these pets.</i>	<b>Clinic City &amp; Phone Number</b>
Dog / Cat					In / Out		
Dog / Cat					In / Out		
Dog / Cat					In / Out		
Dog / Cat					In / Out		

**Past Pets:** List all pets (canine and felines only) owned in the last 10 years. Indicate “None” if you’ve not had pets in the last 10 years. Do not include your parents’ pets.

<b>Pet Type</b> <i>(Circle one)</i>	<b>Name</b>	<b>Breed</b>	<b>Age</b>	<b>Length of ownership</b>	<b>Mainly Kept Inside or Outside?</b> <i>(Circle one)</i>	<b>Vet Clinic Used</b> <i>List all clinics you have used with these pets.</i>	<b>Clinic City &amp; Phone Number</b>
Dog / Cat					In / Out		
Dog / Cat					In / Out		
Dog / Cat					In / Out		
Dog / Cat					In / Out		

Please read and sign

I certify that all information I have given on this application is true. I understand that any false information, unanswered questions or omitted information may result in rejection.

I hereby give my authorization to release of the veterinarian / clinic records for all my pets (past and present), including but not limited to: examinations, vaccine history, tests, surgeries, clinics notes, etc. to H.O.P.E. Safehouse, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

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**Verified:** Address: \_\_\_\_\_ Employment: \_\_\_\_\_ Landlord: \_\_\_\_\_ File: \_\_\_\_\_

**CCAP:** Date/Initials: \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Vet Check: Pet 1:** S/N: \_\_\_\_ UTD: Rabies: \_\_\_\_ FDRC: \_\_\_\_ Distemper: \_\_\_\_ Parvo: \_\_\_\_

**Pet 2:** S/N: \_\_\_\_ UTD: Rabies: \_\_\_\_ FDRC: \_\_\_\_ Distemper: \_\_\_\_ Parvo: \_\_\_\_

**Pet 3:** S/N: \_\_\_\_ UTD: Rabies: \_\_\_\_ FDRC: \_\_\_\_ Distemper: \_\_\_\_ Parvo: \_\_\_\_

**Pet 4:** S/N: \_\_\_\_ UTD: Rabies: \_\_\_\_ FDRC: \_\_\_\_ Distemper: \_\_\_\_ Parvo: \_\_\_\_