



www.humanecherokeecounty.org
humanecherokeecounty@gmail.com
(918) 457 - 7997



FELINE ADOPTION APPLICATION

APPLICANT – Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Best time to call: _____ Email: _____

Employer: _____ How Long?: _____ Location: _____ Work Phone: _____

SPOUSE/SIGNIFICANT OTHER – Name(s): _____ Length of Relationship: _____

Employer: _____ How Long?: _____ Location: _____ Work Phone: _____

ROOM-MATE(S) – Name(s) and Phone #(s): _____

CAT(S) WANTED – TYPE (select all below that apply):

- Cat (adult, 1 year or older)
Kitten (4 to 12 months)
Kitten (6 to 12 weeks)
Male Female
Indoor only Outdoor only
Indoor/Outdoor

DESCRIPTION:

Breed: _____
Color/pattern: _____
Size: _____
Hair type/length: _____

OR – List the NAME(S) of the cat(s) you are applying for below:

HOUSEHOLD INFORMATION – Type of residence (House, apartment, etc): _____ Do you own or rent this residence?: _____

Apartment name, landlord’s name/phone # (if renting): _____

Adults (#): _____ Relation: _____ Children (# and ages): _____

Dogs (#): _____ Cats (#): _____ Other Pets (type and #): _____

- Does everyone in your household want a cat?
Is anyone in the household allergic to cats?
What is your basic lifestyle?
Where will the cat spend most of its time?
Who will be the main caregiver?
If so, what kind? What happened to them?
Do you have, or can you immediately get, a pet carrier?
Can you afford proper care for a cat
How long have you been wanting to get a cat?
About how many hours per day is someone home?
Has anyone in your household had other pets?

VETERINARIAN – Name: _____ Phone #: _____

Location: _____ Name of person account is under: _____

If none, which vet do you plan to use?: _____

REFERENCES – cannot be related to you – please provide a NAME and PHONE NUMBER for each reference

1. _____

2. _____

BY SIGNING BELOW YOU: CERTIFY that all information provided is accurate, UNDERSTAND that all applications will be processed for accuracy and references checked, UNDERSTAND that applications that are incomplete may be voided and not contacted, UNDERSTAND that HSCC HAS THE RIGHT TO DENY ANY APPLICANT FOR ANY REASON

APPLICANT SIGNATURE: _____ DATE: _____