



# Cats and Kittens

## Welcome to the New Hampshire SPCA

Thank you for your interest in adopting a pet at the NHSPCA Adoption Center. Please understand that it is not our intention to make the adoption process cumbersome, but to insure that the animals in our care get the best possible home and that you get the best possible pet for your lifestyle. It is the goal of our adoption program to find permanent, loving and responsible homes for our charges, and make them a match that will last a lifetime.

Date: _____		
Name: _____	Email: _____	
Phone (H): _____	(W) _____	
Address: _____		
City: _____	State: _____	Zip: _____

### Type of residence:

- House     Duplex     Apt     Condo     Mobile     Military

### Do you (check what applies)

- Rent     Own     Live with Owner of Home

Please list landlord and phone number: \_\_\_\_\_

### Please provide your previous address if you have lived at your current address for less than one year:

Previous Address: \_\_\_\_\_

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

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### \*\*For Office Use Only\*\*

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

DOB: \_\_\_\_\_

Address Verification: \_\_\_\_\_ Landlord Approval: \_\_\_\_\_

FYI Approval: \_\_\_\_\_ Vet Reference: \_\_\_\_\_

Approved:     Yes     No    Adoption Counselor: \_\_\_\_\_

Number of adults in the household: \_\_\_\_\_ Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

If living with roommates or in part of someone else's home, do you have the consent of all the adults living in the household?  Yes  No

Does anyone in your household have ANY allergies to ANY animal(s)?  Yes  No

If yes, please describe: \_\_\_\_\_

What is your plan if someone in your house is allergic to this new pet? \_\_\_\_\_

Why would you like to adopt this cat? \_\_\_\_\_

Who will be the primary caretaker of this cat? \_\_\_\_\_

Please list any and all animal(s) you've owned in the past 5 years, including the ones you own now:

Type/Breed	Age	Sex	"Fixed?"	Still Own?

Who is your Veterinarian? \_\_\_\_\_ May we call them? \_\_\_\_\_

Would you prefer a spayed or unspayed cat? \_\_\_\_\_ Would you prefer a declawed cat? \_\_\_\_\_

How many hours per day will your new cat/kitten be alone (no one home): \_\_\_\_\_

During this time where will the cat be kept? \_\_\_\_\_

Where will the cat spend the day? \_\_\_\_\_ Night? \_\_\_\_\_

What percentage of time will the cat spend in/out? %inside: \_\_\_\_\_ %outside: \_\_\_\_\_

Please describe the temperament and activity level you are looking for in a cat. Circle all that apply:

- Zippy, high energy
- Cuddler, lap cat
- Mouser, outdoor cat
- Quiet
- Mellow, easy going
- Talkative
- Independent
- Responsive
- Affectionate

The noise/activity level in my home is usually:  Low  Medium  High

Cat habits that I just cannot tolerate are: \_\_\_\_\_

Other preferences that are important (hair length, declawed, gets along with cats, dogs): \_\_\_\_\_

What would you like to know about?  Scratching Furniture  Litterbox Habits  Multiple Cats

By signing below I hereby submit that the information provided by me is true. Any false information may result in my losing the privilege of adopting a pet. I understand that the NHSPCA has the right to deny my request to adopt an animal and that this application must be completed and approved, by the NHSPCA, before an animal adoption may be considered.

Signature: \_\_\_\_\_