



Cat(s) Interested In: _____

Date/Time Sent to Adoption Team by Staff
_____AM/PM ___/___/___

SHELTERING HANDS INC.

PAWSATIVELY BETTERING THE WORLD. ONE CAT AT A TIME.

PRE-ADOPTION APPLICATION

Name					
Address					
City		State		Zip	
Home Phone		Cell Phone		County	
Email		Date of Birth		ID#/ State	

Household Information: Please list all individuals, and their Date of Birth, in your household.

Tell us a little bit about what you're looking for in a furry family member.

GENERAL APPLICATION INFORMATION

- Do all household members, including children, understand the importance of caring for a pet? ____ YES ____ NO
- Do all household members understand that the average life expectancy for an indoor cat is 15-20 years; therefore, adopting a cat is a significant commitment? ____ YES ____ NO
- Are all household members in agreement with adopting a cat at this time? ____ YES ____ NO
- Is anyone in the household allergic to cats? If so, how severe? ____ YES ____ NO _____ Severity
- Housing Status (please circle): RENT OWN FAMILY MEMBER OWNED
 - If you rent, what is your Landlords Name? _____ Phone Number: _____
- Have you lived there at least one (1) year? ____ YES ____ NO
 - If not, where was your last residence? _____
- Who would assume responsibility for your pet(s) should you move, have life changes and you are no longer able to?
 - _____
- Will this cat be: Indoor Only? ____ Indoor/Outdoor? ____ Outdoor only? ____
- Do you have a pet door? ____ Yes ____ No If yes, where does it go? Outside Lanai/Patio Garage
- Have you had a cat de-clawed? ____ Yes ____ No If yes, would you do it again? ____ Yes ____ No
 - If yes, why would you choose this option? _____
- Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony?
 - ____ Yes ____ No
- Have you ever relinquished an animal to a shelter? ____ Yes ____ No
 - If so, why? _____



www.shelteringhands.org



adoptions@shelteringhands.org



352-840-0663

Pet History

- How many pets have you had in the past 5 years? _____ If "0", proceed to next section - "Consent/Agreement"
- Do you pets receive regular veterinary care? _____ Yes _____ No
- Are all pets current on their vaccination? _____ Yes _____ No
- Can we contact your regular Veterinarian or Clinic? _____ Yes _____ No
 - Veterinarian Name and Phone Number: _____

Pet Name	Type/Breed	Age	Spayed/ Neutered	Still in Household?	If not, what haappened to them?

Some things to know:

1. All our cats are spayed/neutered, receive a general medical exam, receive all age appropriate vaccinations and are micro-chipped prior to becoming eligible for adoption.
2. We believe in transparency, as it leads to more successful adoptions; therefore, we will always disclose any known medical/behavioral concerns as part of the adoption process. While we hope all our cats will find their furever homes, we know that there may be issues in the process. We pledge to provide information and reasonable assistance in the household introduction process. Should significant issues exist, especially those potentially threatening the well-being of the cat, we will accept the return of the cat to our care within seven (7) calendar days of delivery.

I'm about to sign the application, what's next?

1. Our staff will submit it, electronically, to our Adoption Team which will review it and complete a Background/Veterinarian Check. This process may take 7 days; though we always work to complete it sooner.
2. They will contact you, via phone provided, with the outcome. If denied, they will explain why. If approved, they will schedule delivery/pick-up options based on the specific cat, program needs and household location.
3. Payment of the Adoption Fee is due at the time of delivery/pick-up. It may be paid online through our website or with a Check/Cash to our staff.

By signing, I, the undersigned, have read, understand and consent to all aspects included in this application and certify that all answers given by me are truthful, accurate and complete. Further, I consent to a home visit/inspection as part of the application/approval process and a post-adoption home check.

Signature: _____

Date: __ / __ / __

For Office Use Only

Date/Time Meet & Greet Completed. If not applicable, write "N/A": _____ AM/PM on __ / __ / __

Team Member Completing Meet & Greet: _____

Status: **Approved** **Denied**