



**HUMANE SOCIETY**  
OF TRUCKEE-TAHOE

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10961 Stevens lane 🐾 Truckee, California 96161 🐾 (530) 587-5948

## FELINE ADOPTION QUESTIONNAIRE

Pet ownership is a serious responsibility. The policy of the Humane Society of Truckee-Tahoe is to ensure that each person who adopts a pet not only is aware of the responsibility, but that each person is willing and able to accept that responsibility morally, physically and financially. Not every person who desires to own a pet should own a pet.

This application is designed to help us make the best placement possible — the right home for each animal and the right animal for your home. The adoption process takes time because we are committed to giving you all the information and support you need to have a successful adoption. We ask for your patience and cooperation in the joyful process of bringing people and animals together.

### **TO BE CONSIDERED FOR AN ADOPTION TODAY, YOU MUST:**

- Be at least 18 years of age.
- Understand that the Humane Society of Truckee-Tahoe reserves the right to deny any adoption application.

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone (H) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone (C) \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

Number of adults in home \_\_\_\_\_ Children \_\_\_\_\_ Ages \_\_\_\_\_

Does everyone want this animal?  Yes  No

If not, who objects and why? Who will be responsible for this animal? \_\_\_\_\_

Do you live in a:  House  Apartment  Mobile Home  Condominium  Townhouse  Car

Do you live with a parent or relative?  Yes  No

Do you **own** or **rent**?  Own  Rent

If renting, does your landlord allow pets?  Yes  No  Not Sure

Landlord's name/address/phone number \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

Are you planning to move within the next six months?  Yes  No

If you do move in the future, what will you do with your pet? \_\_\_\_\_

\_\_\_\_\_

Please list other pets you

**CURRENTLY** own:

**PREVIOUSLY** owned:

*If the animal is no longer with you please indicate what happened to the pet.*

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Are **all** of your pets current on their vaccinations?  Yes  No

If your pet is **not** spayed or neutered, why not? \_\_\_\_\_

Is your pet **uncomfortable** with:  strangers  children  cats  dogs  men  women

Veterinarian \_\_\_\_\_ City/State \_\_\_\_\_

Have you *applied* to adopt an animal from us before?  Yes  No When? \_\_\_\_\_

Have you *adopted* an animal from us before?  Yes  No

Type and when? \_\_\_\_\_

Have you ever turned in an animal to a shelter?  Yes  No

What were the circumstances? \_\_\_\_\_

Does any member of your household have allergies to animals?  Yes  No

If yes, what kind of animals and how severe? \_\_\_\_\_

How much will you budget for and anticipate spending yearly to feed, vaccinate, and provide medical care for your animal? \$ \_\_\_\_\_

Are you prepared to provide your new animal with any necessary medical treatment?

Yes  No

Who will care for your pet when you go away on vacation? \_\_\_\_\_

\_\_\_\_\_

How many hours per day will the animal be left alone? \_\_\_\_\_

Where will the animal be kept during the day? \_\_\_\_\_

Where will the animal be kept at night? \_\_\_\_\_

Where will it sleep? \_\_\_\_\_

Where will you feed it? \_\_\_\_\_

How will you help your new animal adjust to your new home? \_\_\_\_\_

\_\_\_\_\_

If your animal gets lost, what will you do to try to find it? \_\_\_\_\_

\_\_\_\_\_

If you must give up this animal, how will you place it? \_\_\_\_\_

Do you understand your local animal control ordinances and limits on the number of animals allowed in a household?  Yes  No

Will this adoption put you over the limit for number of cats allowed in a household?

Yes  No

Do you want the cat for a:  house pet  gift  mouser  companion  company for other pets

Will the cat be allowed outside during the day?  Yes  No At night?  Yes  No

Will you provide a litter box for your cat while indoors?  Yes  No

Do you plan to declaw your cat?  Yes  No

If yes, why? \_\_\_\_\_

Do you intend to put personal identification on your cat?  Yes  No

How will you train your cat to:

- Stay off furniture tables? \_\_\_\_\_
- Not chew plants? \_\_\_\_\_
- Not scratch furniture? \_\_\_\_\_
- Other: \_\_\_\_\_

Do you have any problems with the following traits of cats (circle all that apply):

- roams  meows a lot  hunts rodents/birds  possibly shy of strangers  
 nocturnal  reserved  does not like to be held  claws/bites playfully  
 hates grooming/brushing  fights with other cats  independent  sprays  
 other

What will you do if your cat displays destructive behavior or undesirable traits?

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

**Cats often live up to 15+ years. Are you ready to take responsibility for this animal's entire life?**

Yes  No

The Humane Society of Truckee-Tahoe reserves the right to check on the welfare of your animal and inspect the premises where the animal will be housed.

I hereby release to the Humane Society of Truckee-Tahoe all veterinary records of all animals I have had or currently have.

I certify that all the information in this application is true and correct and understand that false information may void this application. I also understand that failure to comply with the conditions set forth in the application contract could result in the refusal of future adoptions from the Humane Society of Truckee-Tahoe.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Pet Microchip Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (cell) \_\_\_\_\_ (home/work)

**Consent to be contacted directly**

Do you consent to release of your name and phone number to anyone that finds your pet?

Yes  No

**Consent to receive commercial electronic messaging**

Do you consent to Pethealth Inc. collecting and using your personal information for the purpose of contacting you with commercial electronic messaging and telephone communications (including contacting you regarding the Gift of Insurance)?

Yes  No

**Permission to Photograph:**

I/we hereby grant HSTT permission to use said person's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken by or made on behalf of HSTT. I agree that HSTT has complete ownership of such media, including the entire copyright, and may use them for any purpose consistent with HSTT's mission or promotional needs. I agree that I/we shall not receive any compensation for the use of such media and hereby release HSTT, its agents and assigns, from any and all claims that arise out of or are in any way connected with such use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date