Hilltop Haven
813-283-8789

Office Use:
Animal Name _____
Breed _____
Color _____ Sex _____

CAT ADOPTION APPLICATION

Date of Application: _____

Animal's Name: _____ **Chip#** _____

Adoptee's Name: _____

Street Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell** _____

Driver's License # _____ **Email** _____

Place of employement: _____ **Full/Part-time?** _____

Please list other pets that live in your home.

_____

_____

_____

How many pets, other than those listed above, have you owned in the past 5 years?

_____

What happened to them? _____
Will your new cat be kept inside or outside? _____
Where will your cat sleep? _____
Do you plan to declaw your cat? _____
Do you rent or own your home? _____
Home is house/apartment/mobile home/other? Please specify: _____
Are you head of this househlold? Yes _____ **No** _____
If no, explain: _____
How long have you and other current occupants lived at this address? _____
Do you/they anticipate moving within the next 6 months? _____
If you/they move sometime in the future, what will be done with the pets in this household?

_____

Number of adults living in home: _____

Do all adults know about and approve of cat adoption? _____

If no, explain: _____

Number of minors living in cat's new home: _____

Are children used to animals? _____

If no, explain: _____

Does anyone in the household have cat allergies?

Yes _____ No _____

Who will be mainly responsible for care of new cat? _____

How many hours per day will cat be alone without human companionship/supervision?

_____

Will you allow a HH counselor to visit your cat in its new home in the future?

Yes _____ No _____ Explain: _____

Home Inspection: Before the adoption will be finalized a home inspection is required. All occupants must be present during the home inspection.

Please initial that you understand: _____

Rented Property ONLY:

Pet allowance, weight and/or breed restrictions will need to be verified by adoption counselor.

Landlord/Rental Agency name: _____

Complex Name: _____

Business office or property manager phone number: _____

Pet restrictions have been verified by: _____ Date: _____

Counselor's name

If you have a veterinarian, please provide contact information:

_____

Reference/Name _____ **Phone** _____

Reference/Name _____ **Phone** _____

Reference/Name _____ **Phone** _____

What's Included: All adoptable cats are spayed or neutered, microchipped, feline aids/leukemia tested, fully vaccinated, dewormed and treated for fleas.

Health and behavior: At Hilltop haven, we make every effort to offer for adoption only healthy, even-tempered animals but can make no guarantees as to the health or behavior of this or any pet. It is important that you take great care in selecting your new cat so that you are completely satisfied with its temperament and health. Hilltop Haven will NOT reimburse you for any veterinary expenses under any circumstances.

Please initial that you understand: _____

Your responsibility: We must be sure that you are aware of the financial commitment and responsibilities of owning a companion animal. This could run approximately $500 a year or more for food, vaccinations, licensing, flea control, routine veterinarian checkups, etc. and does not include the possibility of any unforeseen emergency care. Are you willing and able to spend this much or more on your new cat? Yes _____ No _____

Return policy:

- If you are no longer able to provide care and a home for your HH cat, we will accept him or her back at HH, regardless of reason.
- Your adoption fee will NOT be refunded.

Please initial that you understand: _____

Adoption fee paid: _____
Additional donation (optional): _____

Where did you hear about Hilltop Haven? _____

AGREEMENT

I agree to provide a loving home for the cat(s) named above. I understand and agree to the terms of adoption. I understand that Hilltop Haven has the right to deny any adoption application for any reason.
By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal from Hilltop Haven.

Adoptee's Name Printed: _____
Adoptee's Signature: _____
Date: _____

ADOPTION STATUS

Fee paid: _____
References contacted: _____
Home inspection complete: _____

Adoption APPROVED: _____
Adoption DENIED: _____

Notes: _____

Adoption Counselor's Name Printed: _____
Hilltop Haven Signature: _____
Date: _____