



CAT ADOPTION APPLICATION (All fields required, unless noted)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Preferred Contact Method: Phone Email

Email Address (Used for Chip ID): _____

Yes, I want to subscribe to CHA's: Newsletters Event Notices Urgent Shelter Alerts Gift Matching

The Cat You Want to Adopt (Mark all that apply)

Age: No preference Kitten Young Older Senior

Size: No pref. Small Med Large Energy Level: No pref. Low Avg High

Hair length: No pref. Short Med Long Declawed: No pref. Yes No

Breed: No pref. Yes, specify: _____

Reason for Adopting: _____

Name: 1st Choice: _____ 2nd Choice: _____

Where did you hear about this cat? Shelter Visit Friend Facebook Instagram TikTok X

CHA Newsletter CHA Website Petfinder Adopt-a-Pet Other, list: _____

About Your Home

Ownership: Own Rent Live with Parent Other, list: _____

Type: House Apartment Mobile Home Other, list: _____

If Rent, Landlord's Name: _____ Phone: _____

Do you have their approval to adopt? Yes No, explain: _____

NOTE: If applying with an ESA, please send a copy of the ESA letter with your application.

How many moves in the past 5 years? _____ Length at current address? _____

About Your Household

How many adults live with you? _____ How many children live with you? _____

How many children visit regularly? _____ What are the children's ages? _____

List the full names of all adults in the household (list any additional names at the end of the form):

Are all household members in agreement with the adoption? Yes No

Are any household members nervous or unsure around cats? Yes No

Who will be the cat's primary caregiver? _____

Who will be financially responsible for the cat? _____

Do any household members have asthma or allergies to cats? Yes No

Describe your household activity level: Low Average High

Plans For Your New Cat

Where will they live: Inside Outside Mix

Where will the cat be when no one is home? House Outside Other, list _____

Will you allow your cat to have a 3- to 6-month adjustment period? Yes No

Are you willing to bring the cat to a vet once a year? Yes No

Are you able to afford all the necessary expenses for the cat? Yes No

Are you able to commit to providing a lifelong home? Yes No

Are you, or might you, consider declawing the cat? Yes No

Are you open to information about declawing alternatives? Yes No

If the cat needs to be rehomed (for any reason), will you contact CHA first? Yes No

Any behaviors that you will not tolerate? No Yes, specify: _____

Your Pet History

Do you and your household members have experience owning cats? Yes No

Have you ever surrendered, given away, or returned a pet? Yes No

Do you have experience being a primary caregiver for a cat? Yes No

Do you have experience: Raising a kitten? Yes No Assisting with a birth? Yes No

Current Pets (List any additional pets at the end of the form)

Pet's Name	Species/Breed	Age	Years Owned	Gender	Spayed/Neutered?	Vaccines up to date?
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do your current pets get along with cats? Yes Not sure No, explain: _____

Any current pet behavioral or health issues? No Yes, list: _____

Current vet clinic: _____

Previous vet clinics: _____

Okay to verify vet records? No Yes, Name records are under: _____

Previous Pets (List ALL pets from the last 10+ years, including vet clinics; List any additional pets at the end of the form)

Pet's Name	Species/Breed	Age	Years Owned	How Long Ago?	Spayed/Neutered?	Vaccinated?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What Happened?			Vet Clinic			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What Happened?			Vet Clinic			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What Happened?			Vet Clinic			

