

# HOUSE OF MEWS RESCUE

## ADOPTION APPLICATION



Thank you for completing this application to adopt a rescued pet. The information you provide will help identify the cat or kitten that best matches your preferences. All fields are required. Missing information will slow the process of adopting your desired pet.

House of Mews thanks you for your interest in one of our cats. House of Mews reserves the right to decline any application without explanation.

ABOUT YOU			
Full Name			Age:
Street Address			
City   State   Zip			
County		Email:	
Cell:	Home:	Work:	
How long at this address?	Previous Address:		
How did you hear about us?	<input type="checkbox"/> Previous adoption <input type="checkbox"/> House of Mews website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Special event <input type="checkbox"/> Other ( <i>Specify</i> )		

YOUR HOUSEHOLD	
Residence Type	<input type="checkbox"/> Single family <input type="checkbox"/> Duplex <input type="checkbox"/> Cluster home <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile home <input type="checkbox"/> Farm/Rural
	<input type="checkbox"/> Own <input type="checkbox"/> Rent ( <i>Enter landlord or owner name and phone below</i> )
Any cat allergies in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Household Members	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent(s) <input type="checkbox"/> Roommates ( <i>How many?</i> ) <input type="checkbox"/> Children ( <i>Ages?</i> )
How does everyone in your household feel about adopting a cat?	

YOUR INTERESTS	
I am interested in a specific cat	<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>Specify name and why you are attracted to this particular cat</i> )
Preferences	<input type="checkbox"/> Kitten <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> No preference
Desired personality traits	<input type="checkbox"/> Playful <input type="checkbox"/> Good with kids <input type="checkbox"/> Mellow <input type="checkbox"/> Hunter <input type="checkbox"/> Other ( <i>Specify</i> )
This pet is for:	<input type="checkbox"/> Myself/Family <input type="checkbox"/> To give as a gift <input type="checkbox"/> Other ( <i>Specify</i> )
Why do you want to adopt a cat or kitten?	
When did you decide to adopt a cat or kitten?	

CARING FOR YOUR CAT	
Lifestyle	<input type="checkbox"/> Indoor cat only <input type="checkbox"/> Outdoor cat only <input type="checkbox"/> Both indoor and outdoor
Will you declaw your cat?	<input type="checkbox"/> Yes, front only <input type="checkbox"/> Yes, front and back <input type="checkbox"/> No
Where will your cat sleep?	
Where will your cat stay while you are at work?	
Describe care plan while away on business or vacation	
Reasons I might give my cat away	<input type="checkbox"/> Too expensive <input type="checkbox"/> Sheds too much <input type="checkbox"/> Fleas <input type="checkbox"/> Allergies <input type="checkbox"/> Urinating/defecating outside box <input type="checkbox"/> Chews or destroys household objects <input type="checkbox"/> Marriage/Divorce <input type="checkbox"/> Having a baby <input type="checkbox"/> Children no longer take care of it <input type="checkbox"/> New residence doesn't allow pets <input type="checkbox"/> None of the above <input type="checkbox"/> Other ( <i>Specify</i> )

CURRENT & RECENT PETS		<i>Please do not include childhood pets</i>	
Pet 1 Name		<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other ( <i>Specify</i> )	
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Declawed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	
Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cause of death:		
Pet 2 Name		<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other ( <i>Specify</i> )	
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Declawed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	
Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cause of death:		
Pet 3 Name		<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other ( <i>Specify</i> )	
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Declawed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	
Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cause of death:		
Pet 4 Name		<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other ( <i>Specify</i> )	
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Declawed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	
Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cause of death:		

REFERENCES			<i>Please provide 3 references</i>
Veterinarian Name:	Phone:	Permission to contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference 1 Name:	Phone:	Relationship:	
Reference 2 Name:	Phone:	Relationship:	
Reference 3 Name:	Phone:	Relationship:	

Applicant Signature:	Date:
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FOR INTERNAL USE ONLY			
Store Location:	<input type="checkbox"/> Direct Contact	Other:	
1st Screener Initials:	Phone:	2nd Screener Initials:	Phone: