For internal use Uniy								
	Animal's Name:		Age or DOB:			Amount Paid:	\$	Ca / Cc / Ck
	Breed/Description:		Male or Female:		M/F	Rent Approval:	Y/N	
	Other Info		Spayed/Neute	red·	Y / N	Foster Parent		



## HELPING HANDS RESCUE, INC. LEWISTON, ID

Working to Prevent Homeless and Unwanted Animals

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## **CAT Adoption Application**

Helping Hands is thrilled you are considering adopting a rescue animal. Please understand that we are an advocate for the rescue animal and that the animal's wellbeing is our #1 priority. Our application process is designed to help us determine if a home matches a pet's needs and to also assist in finding a pet that is most compatible with your lifestyle and expectations.

APPLICATION SUBMISSION IS NOT A GUARANTEE OF A	ADOPTION. WE RESERVE THE RIGHT TO DENY AN ADOPTION FOR ANY REASON					
TODAYS DATE: CAT OR KITT	TEN INQUIRING ABOUT?:					
WHAT PERSONALITY ARE YOU LOOKING FOR IN YO	UR NEW CAT OR KITTEN:					
ADOPTER INFO						
NAME: PRIMARY CONTACT #:						
<b>AGE GROUP:</b> 18-25 26-40 41-60	61 OR OVER					
MAILING ADDRESS: CITY, STATE, ZIP:						
EMAIL:						
IS ADOPTER EMPLOYED: YES NO EMPLOYERS NAME:						
HOUSEHOLD INFO						
NUMBER OF ADULTS IN HOME: NUMB	BER OF CHILDERN IN HOME: AGES OF CHILDREN:					
IF NO CHILDREN, DO SMALL CHILDREN VISIT AND HOW OFTEN?:						
PLEASE DESCRIBE YOUR HOUSEHOLD: ACTI	VE NOISY QUIET AVERAGE					
	FOR YOU/SPOUSE NEED A TRAVEL COMPANION AS A GIFT					
(Check all that apply) COMPANION F	FOR ANOTHER PET					
REPLACE LOST,	/DECEASED CAT LOOKING FOR BARN CATS					
LIST OTHER ANIMALS IN THE HOUSEHOLD; PLEASE INDICATE AGE AND IF THEY ARE SPAYED OR NEUTERED:						
DO YOU: RENT OWN						
IF YOU RENT, DOES YOUR RENT AGREEMENT ALLOW PETS?: YES NO						
NAME AND CONTACT # OF LANDLORD:						
** PERMISSION MUST BE O	OBTAINED BY LANDLORD PRIOR TO ADOPTION**					

CAT CARE QUESTIONS							
IS EVERYONE IN YOUR FAMILY IN AGREEMENT WITH THE DECISION TO ADOPT THIS CAT?: YES NO							
RE YOU PREPARED TO CARE FOR THIS CAT FOR ITS ENTIRE LIFE (15-20 YEARS)?: YES NO NOT SURE							
WHO WILL BE RESPONSIBLE FOR THE CARE OF THE CAT?:							
DO YOU HAVE TIME TO PROVIDE ADEQUATE LOVE AND ATTENTION TO	HAVE TIME TO PROVIDE ADEQUATE LOVE AND ATTENTION TO YOUR NEW CAT?: YES NO						
WILL YOUR CAT BE AN INDOOR OR OUTDOOR CAT?:   INDOOR [	OUTDOOR BOTH (WHERE EVER IT WANTS TO BE)						
DO YOU PLAN TO DECLAW YOUR CAT?: YES NO							
WHAT WILL YOU DO IF YOUR CAT CLAWS FURNITURE OR SHOWS OTH	ER DESTRUCTIVE BEHAVIOR?:						
WHO WILL BE RESPONSIBLE FOR THE CAT/KITTEN IF YOU BECOME UNA	V GIRL/BOYFRIEND/SPOUSE/PARTNER ☐ MOVING G ALONG WITH OTHER ANIMALS ☐ LOST INTEREST UP MY CAT FOR ANYTHING!!!  BLE TO?:						
VETS NAME: VET CO							
IN THE SPACE BELOW, LIST ANY OTHER INFORMATION YOU FEEL WOUL	D BE IMPORTANT FOR HELPING HANDS TO KNOW:						
	Y						
Most HHR's cats are already altered. In the event the cat is too you <b>KITTEN BY THE AGE OF SIX (6) MONTHS.</b> HHR has several "partn preferred vet is not on the list, HHR will pay your vet up to the cosame procedure. <b>Understand that failure to comply to altering thyour home without a refund by Helping Hands Rescue.</b>	ered vets" in the valley for spay and neuters. If your st of what our "partnered vets" would charge for the						
By signing you agree to;							
Provide adequate food, shelter, water, medical treatment and h	umane treatment at all times.						
I understand that Helping Hands Rescue reserves the right to invanimals at any time and has the right to immediately remove an interest of the animal. Adoption fees includes vet exam, initial s refunded after a period of two weeks.	y animal adopted through them if they feel it is in the best						
I understand that if at any time I can no longer take care of the In rehoming and will not rehome the animal through social me							
Applicants Signature	Date						
HHR Representative Signature	Date						