

## Humane Society of Portage County Cat Adoption Application

A&D# _____	Description _____	Name _____
Date _____	Time _____	Agent(s) _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Agent _____ Pick up date/time _____
Dog Seller and Facility Operator License # 268237-DS		Applications will only be held for 10 days

Name \_\_\_\_\_ (First, Middle Initial & Last Name)      DOB \_\_\_\_\_      Phone) \_\_\_\_\_

Address \_\_\_\_\_ cell) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ work) \_\_\_\_\_

Municipality \_\_\_\_\_ Are you a student? \_\_\_\_\_

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

I live in a  House  Apartment  Condo  Dorm  Mobile Home

Rent  Own    Or live with  Parents  Other \_\_\_\_\_

Name of Landlord/Property Manager: \_\_\_\_\_ Phone \_\_\_\_\_

If you have lived at your current address less than 1 year, what was your previous address? \_\_\_\_\_

If you are from somewhere other than Portage County, why did you choose this shelter to adopt from?  
 \_\_\_\_\_

Ages of children in the household \_\_\_\_\_ Number of adults in the household? \_\_\_\_\_

First name, middle initial, last name and date of birth of all adults in household:  
 \_\_\_\_\_

**Please list current pets and pets you have owned in the past 5 years.**

Animal's Breed	Name	Age	Male/Female	Neuter/Spay	Kept Where	Still residing with you?
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	<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"/> In <input type="checkbox"/> Out	<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"/> In <input type="checkbox"/> Out	<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"/> In <input type="checkbox"/> Out	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you no longer have above pet(s), explain what happened \_\_\_\_\_

\_\_\_\_\_

Name of veterinary clinic \_\_\_\_\_ Name on Account \_\_\_\_\_

Veterinary clinic phone \_\_\_\_\_

*By signing below, I certify that the information I have given is true and I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that HSPC has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. HSPC places pets in homes for companionship purposes only.*

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

Welcome to Meet Your Match! Please complete the next set of questions and return your application to an Adoption Team member. We will tell you what color you and help you find cats that will be your best match!

1	I would consider my household to be like	A library	Middle of the road	A carnival	
2	I am comfortable with a cat that likes to play "chase my ankles" and similar games	No	Somewhat	Yes	
3	I want my cat to interact with guests that come to my house	Little of the time	Some of the time	All of the time	
4	How do you feel about a boisterous cat that gets into everything?	Love them but rather not to live with them	Depends on the situation	Fine by me	
5	My cat needs to be able to adjust to new situations quickly	Not important	Somewhat	Yes	
6	I want my cat to love being with children in my home	It's not important whether my cat loves being with children	Some of the time	Most of the time	Children do not often come to my house
<b>Add questions 1-6</b> →					
7	My cat needs to be able to be alone	More than 9 hours per day	4 to 8 hours per day	Less than 4 hours per day	
8	When I am at home, I want my cat to be by my side or in my lap	Little of the time	Some of the time	All of the time	
9	I want my cat to enjoy being held	Little of the time	Some of the time	Most of the time	
<b>Add questions 6-9</b> →					
10	I need my cat to get along with (circle all that apply)				Dogs Birds Cats Other
11	My cat will be	Inside	Inside and Outside	Outside	
12	I have lived with cats before	No		Yes Date _____	Currently
13	I prefer my cat to be talkative	No		Yes	It's not important if my cat is talkative
14	I want my cat to play with toys	Little of the time	Sometimes	Often	
15	I want my cat to be active	Not very active at all	Somewhat	Yes, very	
16	It is most important to me that my cat _____ (fill in the blank)				

<b>FOR OFFICE USE ONLY</b>	<b>RECOMMENDED COLOR MATCH: PURPLE ORANGE GREEN</b> <b>RECOMMENDED FELINE-ALITY™ (IES) _____</b>
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