



Hill Country SPCA Cat Adoption Application

2981 South Hwy. 16
Fredericksburg, TX 78624
Phone(830)990-9085 Fax(830)990-9080
Email: Info@hillcountryspca.com

Applications can be submitted in person, mailed to the shelter, faxed, or e-mailed.

IN ORDER TO BE CONSIDERED AS AN ADOPTER, YOU MUST:

- ❖ Fill out application completely, no questions should be left blank
- ❖ Be 20 years of age or older (If you live at home, we still need parents approval)
- ❖ Have photo identification showing your present address.
- ❖ Have the knowledge and consent of your landlord.
- ❖ May be required to provide proof of homeownership(Deed, Mortgage, Property Tax are just some examples)
- ❖ Be willing and able to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.

What animal(s) are you interested in: _____

The Basics...

Name: _____ Age: _____ Date: _____
 Spouse, Significant Other, or Co-Applicant Name: _____
 Address: _____ County: _____
 City: _____ State: _____ Zip: _____
 Email address: _____
 Home Phone: _____ Cell Phone _____
 Work Phone: _____ Place of employment: _____
 How did you hear about the HCSPCA: _____
 (Ex. Local, Drive-By, Facebook, Website, Petfinder, Etc.)

Help us get to know you...

Why are you looking to adopt a new pet? *Feel free to check more than one!!*

Family pet Barn Cat/ Mouser Companion Hunting Breeding
 Childs Pet Companion for other pet Gift Other (specify): _____

If this animal is a gift, who is it for? _____

Have you adopted from the HCSCPA before? _____ If So, When? _____

Have you applied with us before? _____ If So, when and what was the outcome? _____

Are you currently in the military? Yes No

If yes, where will your pet go in case you deploy? _____

What is the activity level of your household? Quiet Active Very Active

How many people live in your household?: _____

Please list ages and relationships of the adults and children living in home (i.e Grandmother, Child, Roommate.
 Please note if any have special mobility issues, like unsteady on feet, use a walker/crutches/cane, in a wheelchair, etc.)

Help us get to know you... (Cont.)

Do you have children that will be visiting your home? _____ If So, How old? _____

Who will be the primary caretaker of this pet: _____

Is anyone in your house allergic to:

o Dogs o Cats

o Dust/Dander

If so, Who? _____

Is this your first experience with a pet? _____

How long ago did you last own an animal? _____ o Currently Own

What does home look like now?

Do you currently live in a: *House* *Apartment* *Condo* *Mobile Home* *RV* *Duplex*

Do you:

o Own your home o Rent from relative(s)

o Rent o Live on property owned by relative(s)

o Live with relative(s) o Other: _____

What is the landlord or relatives' name: _____ Phone: _____

How long have you been at your current address: _____

How long will you, on average, be away from this pet daily: _____

Are you willing to have a home visit? o Yes o No

Do you have a fenced yard? o Yes o No

Do you have a pet door? o Yes o No

How many pets do **you** own at the present time? Dogs _____ Cats _____

**Please do not list animals you do not personally own*

| Name | Age | Breed | Spayed/ Neutered? | Where Kept? <i>(Ex. Inside, Outside, Garage, Yard)</i> | How long have you owned him/her? |
|------|-----|-------|----------------------|---|-------------------------------------|
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Where will this cat be kept during the day, as an adult? _____

Where will this cat be kept at night, as an adult? _____

Where will this cat sleep, as an adult? _____

How long will this cat spend outside daily? _____

The Past, Present, Future...

What will you do with the pet if you have to move, are you able to put the required effort and time into finding a new home that allows pets: _____

Do you plan to declaw this Cat or Kitten? o Yes o No o Unsure

What will you do if your cat scratches or chews on furniture, or displays destructive behavior? _____

What type of behavior are you **not** prepared to tolerate or work with from a new cat?

o Scratching o Biting o Chewing o Destructiveness o Fleas/Ticks

o Too rough with Children o House training difficulty o Other: _____

The Past, Present, Future (Cont)...

What will you do if you have difficulty housebreaking this cat or kitten? _____

Please list the dogs or cats **you** have owned, even temporarily, in the last five years.

Please do not list animals you did not personally own

| Name | Age | Breed | Spayed/ Neutered? | Alive/ Deceased? | What Happened? | Last year in your possession? |
|------|-----|-------|----------------------|---------------------|----------------|-------------------------------------|
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| | | | | | | |

If you have not had any animals in the past 5 years, please explain why not? _____

Do you or your family anticipate any major lifestyle changes during the upcoming years? (Example: retirement, Extensive travel, new baby, moving, new job, schedule change, etc.)

In case of hospitalization, emergency or death, will you have care for your pet? Yes No

Name: _____ Relationship: _____

Contact Number: _____

Veterinary Information...

Are you familiar with heartworm disease? Yes No

What brand of flea prevention do you use? _____

Are your animals current on vaccinations? Yes No

How much do you plan on spending on this pet per year? _____

Who are your current/past Veterinarians? (please list any/all you have used)

Veterinary Clinic: _____ Phone: _____ Years Used: _____

Veterinary Clinic: _____ Phone: _____ Years Used: _____

Please list the OWNERS name the veterinary records will be under: _____

*Please make sure all information provided on this application is accurate,
as changes will not be accepted after submission.*

In signing below I understand the following statements:

- ❖ I realize filling out this form does not guarantee adoption.
- ❖ The Hill Country SPCA reserves the right to refuse adoption to anyone without explanation.
- ❖ No animals will be adopted to prospective owners who mislead or fail to provide accurate information on the adoption application.
- ❖ The Hill Country SPCA reserves the right to verify any information provided on this application.
- ❖ A home visit or fence inspection may be required before adoption.

Signature: _____ Date: _____



Hill Country SPCA

Fax: (830)990-9080

Authorization to Release Veterinary Records

Please Fax the records requested below as soon as possible

Owner Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Please include copies of

- Vaccination Records
- Blood Work/Heartworm Testing
- Exam Reports
- Medication Prescribed
- Surgery Reports
- Preventatives Purchased

I hereby request and authorize this veterinarian to release the requested medical information for any pet(s) I have owned or brought into the clinic in the last 5 years. I release the veterinarian and staff from any legal responsibility or liability for the release of information to the Hill Country SPCA. This authorization expires 90 days from the date of signature. I understand I may revoke this authorization, but the revocation may not be applied retroactively once the information specified herein has been released.

Signature: _____ Date: _____