



Habitat for Cats, Inc.  
P.O. Box 25637  
Rochester, NY 14625  
(585) 234-2894  
www.habitatforcats.com

Cat/kitten Adoption fee: **\$75.00**

Date: \_\_\_\_\_

Cat or Kitten's Name: \_\_\_\_\_

Applicant information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Do you own \_\_\_ or rent \_\_\_

Phone Numbers: (Home) \_\_\_\_\_ Answering Machine: Yes / No  
(Work) \_\_\_\_\_ Voice Mail: Yes / No  
(Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

# Of Adults Living at Home: \_\_\_\_\_ # of Children: \_\_\_\_\_ ages: \_\_\_\_\_

Does anyone in the household have allergies? Yes /\_No

If "Yes" please explain: \_\_\_\_\_

Do you have pets now? Yes / No type: \_\_\_\_\_ how many: \_\_\_\_\_

How long you've had them \_\_\_\_\_ are they Spayed / Neutered? Yes / No

Your Current Veterinarian/Animal Hospital \_\_\_\_\_ Tel # \_\_\_\_\_

**In order to obtain a reference from your vet, you must call to release your pet's records.**

Are you considering having your cat/kitten declawed? Yes/ No Why? \_\_\_\_\_

Will your cat/kitten be: Indoor only \_\_\_\_\_ Indoor/Outdoor \_\_\_\_\_ Outdoor Only \_\_\_\_\_

Where will your cat sleep? \_\_\_\_\_

If you rent we need the Landlord Information so we may contact your landlord prior to releasing a cat/kitten:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

All cats/kittens adopted through HFC's requires they be delivered to their permanent home by a HFC volunteer or foster parent if a home visit has not been done prior to the adoption.

I agree that if the adoption doesn't work for any reason that I will contact HFC or foster parent.

Applicant signature: \_\_\_\_\_

**Habitat Completion Only**

Foster Home \_\_\_\_\_ Comments \_\_\_\_\_

Vet Check \_\_\_\_\_ Approved? Yes \_\_\_\_\_ No \_\_\_\_\_