



High Desert Cat Rescue & Adoption (HDCRA)
PO Box 3802
Albuquerque, NM 87190-3802
505-888-4327 (888-HDCR)
www.hdcra.org

Where Cats Come First

Adoption Application

To help ensure the best possible placement of our rescued animals and to determine that the proposed adoption is in the best interest of the cat and you and your family, please complete each of the following questions. Please be as thorough as possible. To be considered for adoption, you must: be at least 18 years old, show legal identification, verify that you can have pets where you live, be financially able to provide for the cat's needs, and be an appropriate adopter for the cat you want.

Name of cat(s) desired _____

Name _____ I.D. _____ Expires _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Phone: H _____ W _____ C _____

Email _____

Employer _____ Occupation _____

Other Sources of Income _____

How long at current address? _____ Do you plan to move in next 6 months? Yes No Not sure

Do you live in a: House/Apartment/Condo/Mobile Home/Military housing? Do you: Own/Rent/Live with parents?

If you rent, do you have your landlord's permission to own pet(s)? Yes No Not sure

Does your landlord require a pet deposit? Yes No Not sure

Landlord's name and phone _____

Number of adults in your household _____ Are they all in favor of adopting a cat? Yes No Not sure

Do children live in your home or visit often? Yes No If yes, please list approximate ages of children:

Does anyone living in your household have a known allergy to cats? Yes No If you or a family member developed an allergy to the cat, what would you do? _____

Have you owned cats before? Yes No

Are your current pets up to date on vaccinations and other necessary veterinary care? Yes No Not sure

How many pets do you have now? Dogs _____ Cats _____ Other (type) _____

Have you ever given up a pet for adoption? Yes No If yes, please explain the circumstances: _____

Please list all pets you currently have in your household or have had in the last 5 years. If pet is deceased, state age at time of death.

Type of Pet	Age	Sex	Spayed/ Neutered?	Inside or Outside?	Length of Time Owned/ What Happened to the Pet?
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____	_____

Who is your veterinarian? _____ Phone _____

For this cat: Can you spend \$25-\$30 a month on food & litter? _____ \$50-\$80 a year for checkups and shots? _____

What would you do if the cat developed a serious illness or injury which required treatment that would cost:

up to \$500? _____ **more than \$500?** _____

Will your new cat be (circle all that apply): Gift Companion Family pet Companion for other pet

For the children Mouser Barn cat Other (please explain) _____

Where will your adopted cat live? Indoors Only Outdoors Only Indoors and Out Garage Basement

Where will the cat be kept during the day? _____ At night? _____

When alone? _____

What adult will be responsible for the care of this cat (feeding, grooming, training, medical needs)? _____

Do you plan to declaw your cat? No Yes If so, why? _____

A cat can live well over 15 years and requires a major commitment of time, finances, and emotion. Why do you feel you can make that kind of commitment at this time? _____

Where will you keep the litter box? _____ Do you own a scratching post/tree? Yes No

Do you have a pet door? Yes No Where does it lead to? _____

Do you have screens on all your windows? Yes No Do you own recliner furniture? Yes No

How many hours per day will the cat be alone? _____ How frequently do you travel out of town? _____

Who will care for the cat when you travel? _____

Are you aware of the grooming requirements for the cat you have selected? Yes No Not sure

Your cat may take two months to adjust to his/her new home. How will you deal with this? _____

What will you do if the cat doesn't get along with your current pet(s)? _____

If any of the following occurred, would you be able to keep the cat?

You or a family member became seriously ill? _____ You became unemployed? _____

You were transferred, moved out of state, or moved to a different location in city/state? _____

Your family composition changed (marriage, divorce, new baby)? _____

Are you interested in volunteering or being a temporary foster parent for other HDCRA cats? Yes No Not sure

Name and phone number of two personal references:

I certify that the information given is true and correct and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet from HDCRA.

Signature of Applicant _____ Date _____

HDCRA Representatives _____

Comments _____

