



**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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_