



Homeless Animals Response Program

H.A.R.P.
 P.O. Box 3167
 Antioch, CA 94531-3167
 (925) 431-8546

Feline Adoption Application

PF: _____ Cat's Name: _____ Adoption Location: PS PFX Volunteer's Initials: _____

Adopter's Name: _____ Driver's License Number: _____

Street Address: _____ City: _____ Zip: _____

Address on Driver's License if different from above: Street: _____ City: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____@_____.

Type of Housing: Own Home Own Condo Rent House Rent Apartment Lease Military Housing

Landlord's Name (if renting): _____ Landlord's Phone Number: (____) _____ - _____

How long at present address? ____ Years ____ Months Are you over 18 years of age? Yes No

Number of Household members: ____ Adults ____ Children Ages of Children: _____

Any known Allergies related to domestic animals? Yes No

Veterinarian Name: _____ Veterinarian Address: _____

Who will be responsible for pet's routine daily care? _____

CURRENT PETS: Please include all pets.

Type of Pet	Age	Sex	Spayed/Neutered	Kept In/Out	How Long Owned
		<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"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	

Do they get along with other animals? Yes No Do they have any behavioral or medical concerns? Yes No

If yes, please explain: _____

PET HISTORY: List pets previously owned in the last 5 years (other than those listed above).

Type of Pet	Age	Sex	Spayed/Neutered	Kept In/Out	How Long Owned	What Happened
		<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"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out		

Reason for wanting cat: Companion for Self Companion for other pet House Pet For Children Gift

Length of time cat will be left alone: _____ Where will cat be kept during day? _____ Night? _____

If cat will be kept outdoors, describe shelter: _____

Have you ever surrendered an animal to a shelter or anyone else? If yes, describe the situation: _____

What will you do if your cat develops behavioral concerns? _____

Are there any behaviors your cat could develop causing you to be unable to remain his/her guardian? Yes No

After the initial investment, the average cost of feeding and caring for a cat can be \$500 or more annually. Are you prepared to make a commitment to a lifetime relationship with this cat, lasting between 10 to 20 years? Yes No

How did you learn about H.A.R.P.? _____

I certify all information in this application is true and correct and understand false information may void this application.

Signature: _____ Date: _____

Verified by: _____ Accepted Denied

Reason for denial: _____