

Cat Adoption Application Thank you for choosing to adopt from Humane Society, Tennessee Valley!

Date: First Na	First Name: Last Name:				
Address:	pt #:				
City:	State:	Zi _l	p Code:		
	pary Phone:Secondary Phone:				
-			State:		
Email Address					
	ent Own Live with Family	/Parents	Live on Campus/Campus Housing		
	nership at your residence:	_			
Have you had a cat before? Yes Please list all pets currently living		self My	family A gift		
Name	Species/Breed	Age	Spayed/Neutered		
			Yes/No		
Please list the people currently liv	ing in your home:		<u>'</u>		
Name	Relationship	Age			
			•		
			J		
It's most important to me that my					
My cat will be alone for hou	ırs during the day. This dog will be:	□ Indoor □ I	ndoor/Outdoor Outdoor Only		
What qualities are you looking for	in your new companion? Check all that	t apply.			
☐ Comfortable with children ages	: Independent	Playful	Cuddly/Affectionate		
\Box Lap Cat \Box Declawed \Box	Good with other cat □ Other				
Please know that we do not introd	luce our cats to our dogs. Ask your cou	nselor the bes	t way to do an introduction!		
Please check any topics you may l	nave questions/concerns about that yo	ou would like to	discuss with us:		
☐ Playtime Recommendations	□ Exercise □ Allergies □ Intr	oduction to ot	her pets 🗆 Flea Meds for Indoor Cats		
□ Veterinary care □ Behavior	☐ Microchipping ☐ Weight Maint	enance/Feedi	ng 🗆 Other		
How did you hear about HSTV?					

THIS SECTION IS FOR STAFF ONLY

Counselor Name: Checked the DNA List: ? Yes No			Person SB #:			
		\Box	Type of Proof of Address:			
Approved By:						
	Time: _					
Animal #1:						
Hold # 1	2 3 4					
Pending Reas	son (Circle all that apply):	Alter	Family Meet			
Date and Tim	e of scheduled pick up/m	eet at the shelter:				
Application S Approved:-		Staff Name:				
• •						
Denied:	Date	Reason:				
Staff Notes:						