

Central PA Humane Society (CPHS)

1837 E Pleasant Valley Boulevard

Altoona, PA 16602

Phone: (814) 942-5402

Fax: (814) 942-8505

[www.centralpahumane.org](http://www.centralpahumane.org)

info@centralpahumane.org

**CENTRAL PA HUMANE SOCIETY – CAT ADOPTION APPLICATION**

Congratulations! You are beginning the process of bringing a life-long companion and family member into your home. This application is designed to help you select the cat that is best suited to your family and lifestyle.

Completing an application does not guarantee an approval for adoption. Multiple applications may be placed on the same animal. We do not process them on a first come, first served basis. All applications are given equal consideration.

**Only a COMPLETE application will be considered**

Please read and initial that you have read and understand the above statement INITIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial that you have read each line below:**

\_\_\_\_\_\_\_\_\_\_ A $5.00 non-refundable application fee must be paid when submitting your application.

\_\_\_\_\_\_\_\_\_\_ All individuals who live in the home must visit with the shelter cat you are interested in adopting.

\_\_\_\_\_\_\_\_\_\_ Proof of current rabies vaccination for dogs and cats living in the home is required.

\_\_\_\_\_\_\_\_\_\_ If you rent, verbal landlord approval is required.

\_\_\_\_\_\_\_\_\_\_ Current proof of identification is required (driver’s license). Must match address on application.

\_\_\_\_\_\_\_\_\_\_ After your application is complete, you will be notified if you have been approved or not.

At the time of adoption, you will be asked to complete an adoption contract and pay an adoption fee. Our fees are:

**Senior to Senior Program Price - $10.00**

**Senior Cat 8 Years+ Price - $30.00**

**Adult Cat 1 year – 7 years Price - $60.00**

**Kitten Under 1 year Price - $85.00**

Includes:

* Spay/Neuter, current Rabies & FVRCP vaccinations, FeLV/FIV test, deworming, microchip & adoption fee

**Veterans & First Responders get half-off adoption fees. Other specials may apply - ask for details.**

**PLEASE NOTE**: AS A RULE, WE CANNOT HOLD ANIMALS FOR ANYONE. Please keep in mind that there is no such thing as a “PERFECT PET”. Any adopted animal will require training, patience and ample time to adjust to its new home. While we carefully monitor animals surrendered to CPHS, we have limited knowledge of their background. Therefore, we cannot guarantee the health, behavior, age, gender, health care, or breed of any animal adopted from the shelter.

I acknowledge the information on this page and agree to the fees noted above.

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

*Print Name Signature*

$5.00 Application fee paid:  YES  TO PAY Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* Staff to complete*

I am interested in a CPHS membership to save 10% on pet adoptions and other saving benefits.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I am interested in the following cats** | | | | | | Office use: |
| 1st Choice | Intake # | Breed: | Age: | Gender  M / F | Spay/Neuter  YES / NO | \_\_\_Approved  \_\_\_Went with another applicant  \_\_\_Customer changed mind |
| 2nd Choice | Intake # | Breed: | Age: | Gender  M / F | Spay/Neuter  YES / NO | \_\_\_Approved  \_\_\_Went with another applicant  \_\_\_Customer changed mind |
| 3rd Choice | Intake # | Breed: | Age: | Gender  M / F | Spay/Neuter  YES / NO | \_\_\_Approved  \_\_\_Went with another applicant  \_\_\_Customer changed mind |

**PRIMARY APPLICANT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All addresses must include a street name (No PO Box #’s or RD #’s)

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photocopy required

Are you a veteran?  YES  NO Are you a First Responder?  YES  NO

**CO-APPLICANT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Applicant to complete:***

1. Do you live in a  House  Apartment  Mobile Home  Dorm  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you  Own  Rent Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you **RENT** your **HOME** or the **LAND** for your mobile home, please complete below:

Homeowners Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landowners Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does where you live have any restrictions on pets? Weight, type or number?  YES  NO

If YES, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many adults live in your home? \_\_\_\_\_\_\_\_ Children? \_\_\_\_\_\_\_\_ Ages of Children?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is anyone living in your household allergic to cats and/or dogs?  YES  NO
3. Why are you interested in adopting a cat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. The CPHS believes that adoption is forever, for the lifetime of the pet. Pets can live 10 to 20 years. Are you prepared to provide daily care (time and expenses) for this many years?

YES  NOT SURE (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I want my new cat to be: (check all that apply)

Inside  Outside  Enthusiastic  Playful  Mouser  Laid Back  Lap Cat

Other: (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many hours a day do you spend away from home? \_\_\_\_\_\_\_\_\_\_\_  Work  School  Other

* While away, how will the new cat spend it’s time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I understand that the procedure of declawing a cat can have long term health and happiness effects, due to the painful and inhumane nature of toe amputation**. I have read this statement and agree that I will NOT have this cat declawed.** **Primary applicant initial: \_\_\_\_\_\_\_\_\_ Co-applicant initial: \_\_\_\_\_\_\_\_**
2. How **will** **you** handle a situation if your new cat claws, chews or shows signs of destructive behavior?

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

1. If a personal financial, health or some other situation arises and you cannot keep your pet, you are required to return the pet to CPHS. This way the pet can be re-adopted to another qualified family. If you feel you have a suitable home (i.e. family member/friend) to rehome your pet to instead of returning it, this must **first be approved by CPHS**. A transfer of ownership contract must be completed *(free of charge)* **before** the animal is rehomed. In initialing you understand that this will be part of the adoption contract. **INITIALS** \_\_\_\_\_\_\_\_\_\_\_\_
2. Pennsylvania State Law requires that all puppies/cats that are three (3) to four (4) months of age or older shall receive regular vaccinations against Rabies. We also urge the following precautions:

* The pet should receive annual vaccines as recommended by your Veterinarian.

Do you agree with these responsibilities:  YES  NO  NOT SURE (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Pennsylvania State Law requires all animals adopted from shelters be spayed or neutered within a specified period of time. How do you feel about spaying or neutering?  AGREE  DISAGREE  NOT SURE

**VETERINARIAN INFORMATION** (if current pet owner)  **NO PETS CURRENTLY**

Name of Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Owner’s Name on record with Veterinarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I must supply Rabies vaccination records for my pets to CPHS within 48 hours for consideration of my application. Failure to comply within 48 hours may result in revocation of my application. I am aware that prior to placement of a pet from CPHS, my currently owned pets, for their protection, must be up to date on necessary rabies vaccination**. INITIAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST ALL THE ANIMALS THAT YOU HAVE OWNED OR LIVED WITH IN THE PAST FIVE (5) YEARS (LIVING & DECEASED)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE**  **(Dog, Cat, etc)** | **PET’S NAME** | **BREED** | **GENDER** | **AGE** | **SPAYED /**  **NEUTERED** | **Where is this animal now?** | **How long owned?** |
|  |  |  |  |  | YES  NO |  |  |
|  |  |  |  |  | YES  NO |  |  |
|  |  |  |  |  | YES  NO |  |  |
|  |  |  |  |  | YES  NO |  |  |
|  |  |  |  |  | YES  NO |  |  |
|  |  |  |  |  | YES  NO |  |  |
|  |  |  |  |  | YES  NO |  |  |

**NO PETS CURRENTLY** Please check if applicable

**CPHS STANDARDS FOR ADOPTION**

* All persons living in the household are to meet with and be involved in the selection of the pet.
* All adopted pets are always to be current on vaccinations and rabies inoculations.
* NO animal will be adopted as a gift for another person.
* Cats are to be indoor pets only and are not permitted to be let or kept outdoors.
* No animal will be adopted to persons having extensive history of losing, giving away, selling or having animals injured or killed by moving vehicles.

**I (WE) CERTIFY THAT ALL INFORMATION GIVEN IS CORRECT AND AGREE TO THE ABOVE CPHS STANDARDS FOR ADOPTION.**

Primary Applicants Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicants Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We are interested in how you heard about this animal(s)**

Visit to Shelter Petfinder Website  Facebook WTAJ TV  Petco  CPHS Website

Twitter Referred by someone Referred by Rescue Group Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEWSPAPERS**:  Altoona Mirror  Tyrone Herald Centre Daily Times  Traders Guide

**RADIO:** WALY 104 WFBG  WRTA WRTN WBQX (Q94)

**CPHS VISITOR WAIVER AND RELEASE OF LIABILITY FORM**

**This form must be signed prior to visiting any animal at the Central PA Humane Society (CPHS)**

I wish to visit with shelter pets at CPHS. I understand that I do so at my own risk. I hereby release and waive all claims against the CPHS and the entities affiliated with the foregoing from liability for any and all loss, damage, injuries, claims, demands, lawsuits, expenses and any other liability of any kind, of or to me, any child (children), or any other person directly or indirectly arising out of, or in connection with my visit.

Visitor(s):

Visitor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visitor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visitor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visitor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visitor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visitor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If visitor(s) is under 18 years of age they must be accompanied by parent/guardian and parent/guardian must sign:**

Child’s Name/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Once again, we thank you for visiting the shelter and spending time with our animals.***

***We will review your application and contact you after review.***

**CPHS MISSION STATEMENT**

*To prevent animal neglect and cruelty through education and enforcement while providing a safe haven and finding forever homes for those in need.*

*The Central PA Humane Society (CPHS), serving Blair and surround counties in Pennsylvania, is a charitable, non-profit 501(c)(3) organization dedicated to helping animals and people. The primary goal of CPHS is to find loving homes for adoptable animals.*

**THIS PAGE IS FOR SHELTER USE ONLY**

Primary Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In Petpoint?  YES  NO

Co-applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In Petpoint  YES  NO

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CPHS Standards for Adoption Signed:  YES  NO

Landlord contacted  YES  NO  N/A Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord approved  YES  NO  N/A Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vet records received  YES  NO  N/A

All family members visited  YES  NO Still to visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SHELTER APPROVED:  YES  NO**

If yes, by whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, then why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Contacted  YES Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTES: Include complete dates. Initial your notes**

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

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 **CPHS Adoption criteria**

***STAFF TO COMPLETE THIS PAGE - THANKS***

**CPHS - Adopter requirements to complete an application.**

Thank you submitting an adoption application for a shelter pet! The following needs to be completed before your application is considered complete

All people living in the home are required to visit with the animal you wish to adopt.

If your dog has never lived with cats, we may require you bring your dog in to test them with a cat. This is for the safety of   
 the cat you wish to adopt.

Proof of current rabies vaccinations are required for all dogs and cats in your home - this is a state mandated  
 requirement. If your pet is not current on rabies CPHS can sell you a pre-paid voucher to have your pet vaccinated by   
 the CPHS veterinarian on a Wednesday or Friday morning. Or you are welcome to book your pet in with your veterinarian,   
 however please note this can often delay your application as we require proof of the vaccination being completed.

If you rent your home, (or the land your mobile home is on), your landlord (or the landowner) is required to verbally approve   
 with CPHS staff that you are allowed to have the pet you wish to adopt in that home/on the premises. CPHS staff will call   
 the landlord/land owner to ask them for approval for you to have that pet. If you have not spoken to your landlord we   
 recommend you do so and know what your pet policy is.

I understand what is required of me to complete my adoption application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please initial*

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**CPHS Adoption criteria**

**Please review what is required of you to complete your adoption application**

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 recommend you do so and know what your pet policy is.

Until ALL criteria is met, your application is NOT considered complete, and it CANNOT be reviewed by an adoption counsellor. It is your responsibility to follow up and make sure that you meet the requirements. Ideally an application should be completed within 48 hours.

After the initial call is made to your landlord for approval or your veterinarian for veterinary records, CPHS are not responsible for continuing to follow up for a response. You can assist this process by making sure your landlord or veterinarian responds to our initial inquires.

NOTE: Multiple applications are taken on animals. CPHS does not work on a first in, first served basis. We look for the best match between applicants and animal. Dogs are assessed and that assessment will be reviewed by the adoption counsellor when taking into consideration multiple applicants. Please understand that if you miss out of your choice of animal this does not reflect on you as a pet owner or possible adopter. Our goal is to best match the pet for the family. This can lead to disappointment for some, but please be assured we will continue to work with you to find a pet that is perfect for you!

Given to applicant on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*