



Central PA Humane Society (CPHS)
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 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 20% 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:
1 st Choice	Intake #	Breed:	Age:	Gender M / F	Spay/Neuter YES / NO	<input type="checkbox"/> Approved <input type="checkbox"/> Went with another applicant <input type="checkbox"/> Customer changed mind
2 nd Choice	Intake #	Breed:	Age:	Gender M / F	Spay/Neuter YES / NO	<input type="checkbox"/> Approved <input type="checkbox"/> Went with another applicant <input type="checkbox"/> Customer changed mind
3 rd Choice	Intake #	Breed:	Age:	Gender M / F	Spay/Neuter YES / NO	<input type="checkbox"/> Approved <input type="checkbox"/> Went with another applicant <input type="checkbox"/> 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: _____

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

If YES, what are they? _____

4. How many adults live in your home? _____ Children? _____ Ages of Children? _____

5. Is anyone living in your household allergic to cats and/or dogs? YES NO

6. Why are you interested in adopting a cat? _____

7. 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) _____

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

Inside Outside Enthusiastic Playful Mouser Laid Back Lap Cat

Other: (please explain) _____

9. 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? _____

10. 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: _____

11. How **will you** handle a situation if your new cat claws, chews or shows signs of destructive behavior?

12. If a personal, financial, health or some other situation arises and you cannot keep your pet, the adopter is responsible for their pet. CPHS has a high volume of animals that consistently come into the facility. We may not be able to accommodate or take the cat back after they are fully adopted. You can contact our facility, but it is not a guarantee we will be able to accommodate the animal. If the animal develops aggression issues, we will not be able to bring them back to our facility. There are other facilities in the area that may be willing to help. When adopting, you understand that this will be part of the adoption contract. **INITIALS** _____

13. 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): _____

14. 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 _____

VACCINATION RECORD AGREEMENT

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?
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> 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

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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: _____

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



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



CPHS Adoption criteria

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

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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