



Central PA Humane Society (CPHS)
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 Altoona, PA 16602
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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 (i.e. driver's license).

_____ 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:

CAT	1 year & over	PACKAGE PRICE - \$55.00
KITTEN	11 months & under	PACKAGE PRICE - \$80.00

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
 * Staff to complete

Date of Application _____

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, 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** _____

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 _____

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 (Cat, 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: 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.

