



Stray Cat Alliance

Building a No Kill Nation One Stray at a Time

P.O. Box 491214 Los Angeles, CA 90049 310-281-6973 info@straycatalliance.org
www.straycatalliance.org

Have-A-Heart Kitty Adoptions

A program of Stray Cat Alliance – helping homeless cats

Welcome to the Have-A-Heart Kitty Adoption Program! We are glad you would like to adopt a new kitty from us.

In order to be considered as an adopter you must:

- Be 21 years of age or older.
- If renting, have the knowledge and consent of your landlord.
- Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care of the kitty.
- **MAKE A CHARITABLE DONATION OF \$125.** This helps us cover the spay/neuter of your kitty, current shots, micro-chipping, FIV & Felv testing, deworming & flea treatment. Completion of this application does not guarantee adoption of a Have-A-Heart kitty.

CAT YOU ARE INTERESTED IN _____ 2ND CHOICE _____

YOUR NAME _____ DOB _____ OCCUPATION _____

STREET ADDRESS _____ CITY/STATE _____ ZIP _____

DAYTIME # _____ EVENING # _____ CELL # _____

EMAIL _____ DRIVER'S LICENSE # _____

EMPLOYER _____ ADDRESS _____

WHY ARE YOU LOOKING FOR A CAT? _____

WHAT KIND OF CAT ARE YOU LOOKING FOR? _____

LIST THE NAMES, AGES, AND REALTIONSHIP OF EVERYONE WHO SHARES YOUR HOUSEHOLD (IE. SPOUSE, SIGNIFICANT OTHER, KIDS, ROOMMATES): _____

DOES ANYONE IN YOUR HOUSEHOLD HAVE ALLERGIES TO ANIMALS? _____

WHO WILL BE THE KITTY'S PRIMARY CAREGIVER? _____

IF YOUR CURRENT RELATIONSHIP WERE TO CHANGE, WITH WHOM WILL THE KITTY REMAIN? _____

HOW MANY HOURS A DAY WILL THE CAT BE LEFT ALONE? _____

DO YOU LIVE IN A HOUSE, CONDO, OR APARTMENT: _____ DO YOU OWN OR RENT? _____

ARE YOU ALLOWED TO HAVE CATS WHERE YOU LIVE? _____ DO YOU HAVE A BALCONY? _____ PETDOOR? _____ PATIO? _____

LANDLORD'S NAME _____ PHONE # _____

HOW MUCH WILL THE CAT BE EXPOSED TO CIGARETTE SMOKE? NONE _____ SMOKER IN HOUSE _____ SMOKER OUTSIDE _____

PLEASE LIST ALL THE PETS YOU HAVE HAD IN THE PAST OR CURRENTLY HAVE IN YOUR CARE:

NAME	TYPE, SPECIES	AGE	SEX	SPAYED/NEUTERED	VACCINATED	WHAT HAPPENED?

VETERINARIAN'S NAME & NUMBER _____

WILL YOU FEED YOUR CAT WET OR DRY FOOD, OR BOTH? _____ WHAT BRAND/S? _____

WHERE WILL YOUR CAT SLEEP? _____



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HOW MUCH TIME WOULD THE CAT BE OUTDOORS? _____ WHY? _____

WHAT WOULD YOU USE FOR FLEA CONTROL? FLEA SPRAY, FLEA BATH, FLEA COLLARS, FLEA COMB, FRONTLINE, ADVANTAGE, REVOLUTION

DO YOU PLAN TO DECLAW THIS KITTY? _____ HAVE YOU EVER DECLAWED A CAT? _____

WHAT WILL YOU DO WITH YOUR NEW KITTY WHEN YOU GO ON VACATION? _____

- IF YOU MOVE TO NO PET BUILDING? _____

- IF A NEW PARTNER IS ALLERGIC TO KITTIES? _____

- IF IT SCRATCHES THE FURNITURE? _____

HOW DID YOU HEAR ABOUT HAVE-A-HEART KITTY ADOPTIONS? _____

HAVE YOU TRIED TO ADOPT A KITTY FROM HAVE-A-HEART OR FCA IN THE PAST? _____

IF THE KITTY WERE TO BECOME ILL/INJURED WHAT WOULD YOU SPEND ON VET CARE PER INCIDENT? LESS THAN \$100 _____ \$100-500 _____ \$500-\$1000 _____ OVER \$1000 _____

PLEASE PROVIDE THE NAME AND CONTACT INFORMATION FOR ONE PERSONAL REFERENCE NOT LIVING WITH YOU:

NAME _____ PHONE NUMBER(S) _____

COMPLETE ADDRESS _____

I UNDERSTAND THAT I AM HANDLING ANIMALS AT MY OWN RISK. I HEREBY WAIVE AND RELEASE HAVE-A-HEART KITTY ADOPTIONS, STRAY CAT ALLIANCE, FOSTER GUARDIANS, BOARD MEMBERS, AND VOLUNTEERS FROM ANY AND ALL LIABILITY FOR ANY INJURY OR LOSS SUSTAINED FROM HANDLING ANY ANIMALS. _____ (INITIAL HERE)

I AGREE THAT ALL OF THE ABOVE INFORMATION IS HONEST AND TRUE. I UNDERSTAND THAT IF I ADOPT A KITTY FROM HAVE-A-HEART, THIS QUESTIONNAIRE WILL BECOME PART OF THE ADOPTION RECORD.

SIGNATURE _____ DATE _____