

**LAST HOPE, INC.**  
**Animal Rescue & Rehabilitation**  
**P.O. Box 7025, Wantagh, NY 11793**  
**631-425-1884      [www.lasthopeanimalrescue.org](http://www.lasthopeanimalrescue.org)**

Adoption Location: <u>Wantagh</u>
Date Faxed _____ Time Faxed _____
Name & phone # of volunteer who took the application: _____
<b>FAX APPLICATION TO:      631-706-7155</b>

**APPLICATION FOR CAT/KITTEN ADOPTION**  
**Non-refundable adoption fee: \$125 per cat**

Thank you for considering a LAST HOPE animal for adoption. LAST HOPE would like to place each of its animals in the most appropriate home, and therefore would like you to fill out this application. You must be at least 25 years old with current ID showing name, address & telephone. If you are living with your parents, one of them must co-sign the final Adoption Agreement.

Date: _____	Where did you hear about Last Hope? _____
Name: _____	Home Phone: _____
Address: _____ Apt # _____	Cell Phone: _____
	Email: _____
Employer: _____	Work Phone: _____
Your Date of Birth _____	Driver's License # _____
Do you own or rent _____	How many rooms? _____ Are there screens on all your windows? _____
If you rent, who is your landlord? _____	Phone #: _____

**Family/Household Information**

Marital Status:  Single     Married      Do you drive?  Yes     No

Check all that live in your household:  Adults over 21 -- How many? \_\_\_\_\_  Senior Parent     Relative     Roommate

Have all the adults in the household agreed to this adoption?  Yes     No

Number of children in household: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Have the children had pets before? \_\_\_\_\_

**Which cat do you wish to adopt?**

1<sup>st</sup> Choice: \_\_\_\_\_ LH Sponsor: \_\_\_\_\_ Foster: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ LH Sponsor: \_\_\_\_\_ Foster: \_\_\_\_\_

Would you consider adopting a pair?    Yes     No     Maybe

**Pet Information**

Please tell us about your present pets:      Check here if you have never had a pet

Cat(s) – How many? \_\_\_\_\_  Dog(s) – How many? \_\_\_\_\_  Other pets – please specify \_\_\_\_\_

Why do you want a cat?  Companionship     For a child     As a mouser     Other \_\_\_\_\_

Is the cat for  Yourself or  A gift (if so, for whom? \_\_\_\_\_)      Is it a surprise?  Yes     No

Where will your adopted cat live?  Indoors     Outdoors     Both

Are you willing to have a litter pan in your home?  Yes     No      Do you own a pet carrier?  Yes     No

Are you aware that the average house cat's life expectancy is 15-19 years?  Yes  No

Have you ever had a pet before? \_\_\_\_\_ Is the pet still living with you?  Yes  No

Are your animals current on all vaccinations (rabies and distemper vaccines)?  Yes  No

Are any of your cats declawed?  Yes  No

Do you have the finances to provide daily food, yearly and emergency vet care?  Yes  No

Who will be the primary caretaker of your new cat? \_\_\_\_\_

How many hours a day will you cat be home alone? \_\_\_\_\_ Where will he be left? \_\_\_\_\_

Are you considering having your new cat declawed?  Yes  No

Are there any bad habits that you will not tolerate from a cat? \_\_\_\_\_

Cats need preparation training for life changes such as having a baby, divorce, etc. Are you committed to working through these changes if they occur? \_\_\_\_\_

If you have to move, what do you plan to do with your pet(s)? \_\_\_\_\_

How will you care for your cat when you go away for a vacation? \_\_\_\_\_

If you were no longer able to care and provide for your cat, who would assume this responsibility?

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you ever given an animal away or relinquished an animal to a shelter? \_\_\_\_\_

If yes, what were the circumstances? \_\_\_\_\_

Anything additional you can tell us about yourself in relation to this adoption? \_\_\_\_\_

### Current/Past Pets(Owned in the past 10 years)

Breed	Name	Sex	Age	Spayed / Neutered (yes/no)	How long have you had this pet?	Where does this pet spend most of its time?	Do you still have this pet? If not, please explain

Veterinarian's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Whose name are the pets listed under at your vet? \_\_\_\_\_

1<sup>st</sup> Personal reference (Other than relative) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_

2<sup>nd</sup> Personal reference (Other than relative) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_

I understand that the information I have provided will be verified before I am approved to adopt. Falsification or omission of any of the requested information will result in refusal of adoption.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Last Hope, Inc. is a not-for-profit organization staffed entirely by volunteers who are committed to serving the best interest of the animals in its care. We therefore, reserve the right to select the home that best meets the needs of each animal up for adoption. Thank you for considering a Last Hope cat for adoption.

Please note that the adoption donation fee for your cat helps to support the food, medical treatment, spay/neuter, behavior training, and processing expenses incurred in sheltering, caring for and preparing cats and kittens for adoption. Last Hope, Inc. does not sell animals.