

LAST HOPE, INC
Animal Rescue & Rehabilitation
P.O. Box 7025, Wantagh, NY 11793
631-425-1884 www.lasthopeanimalrescue.org

Adoption Location: On line/Website

FAX COMPLETED
APPLICATION TO: 516-765-9181

APPLICATION FOR CAT/KITTEN ADOPTION
Adoption fee is non-refundable

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: _____
City/State/Zip Code _____	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 Other: _____ 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? _____ Does anyone in the household have allergies? Yes No

Which cat do you wish to adopt?

1st Choice: _____ Have you held and handled the cat? Yes No
2nd Choice: _____ Have you held and handled the cat? Yes No
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: _____
Why do you want a cat? Companionship For a child As a mouser Other _____
Is the cat for Yourself or A gift and 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

Failure to answer all questions may delay the processing of this application

Are any of your cats declawed? Yes No

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

Who will be the primary caretaker of your new cat? _____

How many hours a day will your cat be home alone? _____ Where will (s)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 those 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 go away for a vacation? _____

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

References

Veterinarian's name: _____ Phone #: _____

Address: _____

What is the name of the person under which your pets are listed? _____

1st Personal reference (Not a relative) _____ Phone #: _____

Address: _____ Relation: _____

2nd Personal reference (Not a relative) _____ Phone #: _____

Address: _____ Relation: _____

3rd Personal reference (Required only
if no veterinary reference available) _____ 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.

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