



# Cats and Kittens

## Welcome to the New Hampshire SPCA

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Do you:  Rent  Own  Live with Owner of Home

Please list landlord and phone number: \_\_\_\_\_

2. Please list current / recent pets:

Type	Current vaccinations	Gender	Age	Additional info

3. Do you have a veterinarian? \_\_\_\_\_

May we call them? Yes  No

4. Have you had a cat before? Yes  No

5. What are some qualities you are looking for in your new cat?

Energy Level: High  Medium  Low

Good with: Kids  Dogs  Cats  Other  \_\_\_\_\_

Protective  Affectionate  Other  \_\_\_\_\_

What's the most important quality your cat needs to have? \_\_\_\_\_

7. Would you like an:  Indoor cat  Outdoor cat  Both

8. Are you planning on having your cat declawed? :  Yes  No

If yes, are you familiar with the declawing process?

9. Other household members: Adult family  Younger children  Older Children  Housemates

10. Do you have children or pets that visit your household frequently? (friends, family, etc.) Yes  No   
Please describe.

11. Please describe your home environment / lifestyle. (Active, frequent travel, work from home, long work days, etc.)

12. Any additional info you'd like us to know?

13. Do you have any questions about the care of your future pet?

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By signing below I hereby submit that the information provided by me is true. Any false information may result in my losing the privilege of adopting a pet. I understand that the NHSPCA has the right to deny my request to adopt an animal and that this application must be completed and approved, by the NHSPCA, before an animal adoption may be considered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*For Office Use Only\*\***

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**DOB:** \_\_\_\_\_

Address Verification: \_\_\_\_\_ Landlord Approval: \_\_\_\_\_

FYI Approval: \_\_\_\_\_ Vet Reference: \_\_\_\_\_

Approved: Yes  No  Adoption Counselor: \_\_\_\_\_