



Cat Adoption Survey

Approval # _____

First Name:

Last Name:

Address:

Apartment #: Complex Name:

City: State: Zip Code:

How long have you been at this address?

ID #: I am 18 years of age or older: Yes No

Home Phone: - -

Work Phone: - -

Cell Phone: - -

Email Address:

I currently Own Rent Live w/ parents Live with relatives

If you do not own your home, please provide a name and phone number of the landlord or homeowner:

Name:

Phone #: - - - -

My adoption fee will be paid by: Check Cash Credit Card

If paying by check, my adoption address matches the address on my checks and DL: Yes No

Do you have children under the age of 18 at home? Yes No

If yes, please list their ages: _____

I am interested in adopting a: Kitten Cat Senior Cat

I am adopting a pet for (select all that apply) Family Pet Child's Pet Companion

Companion for other pet Barn Cat Mouser

My cat will be an: Outside Cat Inside Cat Inside/Outside Cat

I currently own Dog/s Cat/s Other _____

What is the name & phone number of your veterinarian? _____

Do you plan on declawing your cat: Yes No _____

All individuals living in the above household have agreed to have a pet in the home. Yes No
 Not all household members have been asked

Adoption Counseling Contract

Please read all information carefully and check the boxes next to each item. Sign and date at the bottom of this contract.

If you have any questions regarding this contract one of our counselors will be more than happy to help you.

Thank you for adopting from the Houston SPCA.

The adoption fee is payable by cash, check or credit card. The address printed on your checks must match the address on the application and drivers license.

All pets adopted from the Houston SPCA must be spayed or neutered before leaving the shelter.

Though the Houston SPCA provides basic physical exams on all animals we cannot guarantee the health of any animal.

For the above reason, your new pet visit your veterinarian within 3 - 5 days of adoption. The Houston SPCA will provide you with a map to local VCA Animal hospitals that will do an initial exam for free.

If the VCA detects any of the following common, minor health problems within the first 14 days of adoption, they will be happy to treat it at no additional expense to you: Upper Respiratory Infections, Vomiting, Deworming, Urinary Tract Infections, Diarrhea (excluding Parvo), Common Skin Disorders, & Kennel Cough

*The initial visit to a VCA must be made within five days of taking the animal home or the 14 day certificate is void.

**The VCA will charge \$50 for a fecal test. If the results are positive you will be refunded the \$50 and treatment will occur.

Refunds and exchanges will be issued only if your new pet is diagnosed by a veterinarian with an illness.

*You must provide the HSPCA with the veterinary paperwork showing this diagnosis.

All adoptions paid by cash or check are refunded by check only and take two to three weeks to process. There are no cash refunds.

The Houston SPCA will not reimburse you for any veterinary costs that you incur, regardless of the health of the animal you adopt.

Your new cat will receive its first set of vaccinations and be dewormed for hookworms and roundworms. Your new cat will receive a 24Hour PetWatch microchip.

All cat over three months of age will receive a rabies vaccination. If the animal you adopt is under three months of age you, the owner are responsible for getting your new dog a rabies vaccination.

All cats will be tested for FIV and Feline Leukemia before leaving the shelter.

The Houston SPCA offers low cost training classes and animal behavior counseling.

If you experience behavior problems with your new pet please contact our Animal Behavior Specialists at 713-869-7722 x190 or x157

Should you need to return your animal please call 713-869-7722 x0 and schedule an admission appointment. There will be an admission fee charged if the pet is returned 30 days after adoption.

I have fully read and agree to all items listed above.

Adopter's Signature: _____

Date: _____

Counselor's Signature: _____

Date: _____

Stipulations: _____