



SAFE HAVEN
PO BOX 91 WELLS, ME 04090
WWW.SAFEHAVENHUMANESOCIETY.ORG
PLEASE FAX TO 207-985-3550

ADOPTION APPLICATION

Name (please print): _____ Date: _____
Address: _____ Apt # _____
City/State/Zip: _____ Phone: _____ Cell: _____
E mail address _____ Are you 21 years or older? _____
Your place of employment: _____ Phone: _____
Where did you hear about Safe Haven? _____

Household Information

Do you ___ own home ___ rent home ___ rent apt. ___ mobile home.
If renting, name, address and phone number of landlord: _____

Does landlord allow pet ownership? ___ Weight limit? _____ # of pets? _____
Pet deposit required? _____ Other? _____

How long have you lived there? _____ How long at your previous address? _____

Do you plan to move within the next year? ___ Yes ___ No

Number and ages of children in household? _____

Number and ages of children who visit frequently? _____

Does anyone in the family have allergies? _____ Does anyone smoke? _____

Do you travel a great deal? _____ If yes, how will you provide for the animals while you are gone? _____

Animal Experience

Have you owned a cat before? _____

What personality type are you looking for? _____

What animals currently live in your household?

Name _____ Species _____ Type/Breed _____

Sex _____ Ages _____ Kept Where _____ Spayed/neutered?
_____ Up to date on shots _____

Name and phone # of veterinarian _____

Please list all animals you've owned in the past 5 years except those listed above:

Have you ever surrendered an animal to a shelter? _____ If yes, when and why?

Adoption Considerations:

Is the cat for yourself/family? _____ Gift? _____ Barn cat/mouser? _____

Who will be responsible for the care and cost of this animal? _____

How many hours a day will s/he be left without human companionship? _____

Can your family budget absorb the cost of medical care should it arise? _____

If not, what would you do? _____

Would you let your cat outside? _____ Do you plan to declaw this cat? _____

References: (please list 2 non-family references)

Name: _____ Phone: _____

Name: _____ Phone: _____

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING

The animal's long-term welfare must be our foremost consideration. This application helps us determine if this adoption is in the animal's best interest and to assist you in finding an animal most compatible with your lifestyle.

I understand the above questions and I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for denial of this adoption. I understand that Safe Haven Humane Society has no expressed or implied warranty with regard to the animal I have selected. As with any living creature, there are always risks involved in assuming the responsibility of pet ownership.

Print name: _____

Your signature

Date

Please fax this to 207-985-3550