



Welcome to the Athens Area Humane Society!

We are excited you have come to our shelter to adopt your new best friend. Please fill out this form so that we may help you find your purr-fect match. If you need any assistance or have any questions, please ask an adoption counselor.

Name of Animal(s) you are interested in adopting Date

Getting to know you...

Name	Employer	Driver's License #	
Address	City	State	Zip
Home Phone	Alternative Phone: <input type="checkbox"/> mobile <input type="checkbox"/> work		E-Mail Address

How long have you lived at this address? <input type="checkbox"/> < 6 mos. <input type="checkbox"/> 2 - 5 years <input type="checkbox"/> 6 mos. - 2 years <input type="checkbox"/> 5+ years	Do you plan on moving within the next year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live in a: <input type="checkbox"/> house <input type="checkbox"/> apartment <input type="checkbox"/> condo <input type="checkbox"/> mobile	Do you: <input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> live with parents	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
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We at AAHS want to ensure that your new pet will be welcome and secure in his or her new home - moving and landlord issues are two of the top five reasons cats are relinquished to shelters. Therefore, the owner of the home in which you and the pet will reside must give permission for your new pet to move in.

If you own your home:
 Would you be willing to provide some form of home ownership verification? Yes No

If do not own your home:
 Have you discussed adopting a pet with your landlord / parents?
 Yes No Plan to after choosing a pet.

Does your landlord require any pet deposit / fee / rent?
 Yes not yet paid Yes already paid No Unsure

Your landlord's / parents' name(s): _____
 Phone: _____
 My adoption counselor may contact my landlord / parents by phone.
 I prefer to provide a copy of my lease / pet agreement.

Your Purr-fect Match

Cat Experience

First Time Owner
 Had one or two
 Knowledgeable & Experienced

Is someone in the home nervous or unsure of cats?
 Very
 Moderately
 N/A

Time Away from Home
Check all that apply.

Home all day
 Out part-time
 Away 7-10 hours daily
 Away for weekends
 Frequent short trips

Bad kitty habits that you just can't tolerate are: _____

Cat Habitat
 Do you prefer a cat that will enjoy (check all that apply):

Living indoors
 Being outside while you're with him/her
 Coming and going independently
 Living outdoors
 Living in the barn or garage

Would you enjoy brushing or grooming your cat:

Rarely
 Occasionally
 Weekly
 Daily

Please tell us anything else you would like us to know about you or the cat you are looking for. _____

Home Atmosphere

Grand Central Station
 Some activity
 Zen-Garden serene

Please describe the temperament and activity level you are looking for in a cat.
Check all that apply.

zippy, high-energy
 mellow, easygoing
 lap cat
 very affectionate
 kitten-like
 responsive
 independent
 talkative
 quiet

Your Pets

Please tell us about the pets you have now or have had in the **past five years**. If you need more space, ask your adoption counselor.

PET NAME & TYPE	AGE	SEX & STERILIZATION	ANIMAL STAYS <i>CHECK ALL THAT APPLY.</i>	DO YOU STILL HAVE THIS PET?
_____ Pet's Name <input type="checkbox"/> Cat <input type="checkbox"/> Dog: _____ <small>Breed or size</small> <input type="checkbox"/> Other: _____	<input type="checkbox"/> < 6 mos <input type="checkbox"/> 6 mos - 2 yrs <input type="checkbox"/> 2 - 7 yrs <input type="checkbox"/> 7 + yrs	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed / Neutered	<input type="checkbox"/> Indoors <input type="checkbox"/> Outside with supervision or fence <input type="checkbox"/> Comes and goes independently <input type="checkbox"/> Outdoors <input type="checkbox"/> Barn or garage	<input type="checkbox"/> Yes <input type="checkbox"/> No: <input type="checkbox"/> Deceased <input type="checkbox"/> Ran away <input type="checkbox"/> Re-homed
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Have you ever taken an animal to a shelter? No Yes; circumstances: _____

What is the name of your pet's current Veterinarian or Vet Clinic?

Second most recent Vet Clinic OR A personal reference who can tell us about you as a potential pet owner:

Are your pets current on their vaccinations?

Name _____
 City, State _____ Phone _____

Name _____ Relationship _____
 City, State _____ Phone _____

Yes
 No
 Unsure

Your Household

Number of adults living in the household: _____

Have all adults agreed to adding a new cat to the household?
 Yes
 No
 Plan to discuss.

Does anyone in the household have known allergies to cats?
 Yes; plans for coping with new cat: _____
 No known allergies

Ages of children living in household or visiting frequently: _____

Other Questions

Please check the items you would like your adoption counselor to discuss with you in detail.

Health

- Vaccinations
- Diseases: FeLV / FIV / FIP
- Fleas
- Worming

Behavior

- Scratching / Declawing
- Leash Training
- Spraying
- Rough Play / Play Biting
- Environmental Enrichment

Care

- Feeding
- Litterboxes
- Grooming / Hairballs
- ID Tags / Collar
- Microchip Identification

Other

- Indoors vs. Outdoors
- Cat Fencing
- Adjustment to New Home
- Introduction to Other Pets
- Cats & Kids

By signing below, I certify that the information I have given is true. I authorize AAHS to investigate any or all statements in this profile as it deems necessary, including veterinary records. I would be willing to have an AAHS representative come to my home to check on my adopted animal's well-being. Further, I understand that this profile is the property of AAHS, that AAHS has the right to approve or decline adoptions as it deems appropriate.

Signature _____

Date _____