

Date:	NKHS Rep:	Donation Amt.	Animal's Name
MHRHS#		Cash or Check	Description:



Noah's Kingdom Humane Society
 PO Box 14232
 Albany, NY 12212
 Phone (518) 782-7861
noahskingdom.wix.com/catshelter

Adoption Application

All potential adopters must complete this application. This will help us in finding a pet that will meet your expectations and will be appropriate for you and your family. The decision to allow or deny adoption of any animal is at the sole discretion of Noah's Kingdom representatives.

Adopter's Name:		
Address: Street, City, State and Zip Code		
Do you own or rent your home? How long have you been at this address? If you rent, please provide landlord's name and phone number so that we can verify that you are allowed to have a pet. Landlord's Phone:		
Your Phone Numbers Home: Business: Cell:		
Email Address:		
Number of people in household: Adults: Children: Ages of Children:		
Do you have any pets now? No. of cats: No. of dogs? Others?		
Are they all spayed/neutered? If no, why not?		
Are you looking to adopt an adult cat or kitten? Do you have a preference on color, gender, or length of fur?		

<p>If you don't have any pets now, have you had any in the past? If yes, what?</p> <p>What happened to the pet(s)?</p>								
<p>Will your new cat be indoor/outdoor?</p> <p>Outside only?</p> <p>Inside only?</p>								
<p>Are you planning to declaw the cat? Definitely Maybe No</p>								
<p>What type of personality are you looking for in the cat?</p> <table border="0"> <tr> <td>Playful</td> <td>Laid back</td> <td>Independent</td> </tr> <tr> <td>Cuddly</td> <td>Outgoing</td> <td>Comfortable with other pets</td> </tr> </table>			Playful	Laid back	Independent	Cuddly	Outgoing	Comfortable with other pets
Playful	Laid back	Independent						
Cuddly	Outgoing	Comfortable with other pets						
<p>What veterinarian do you currently use/plan to use?</p> <p>May we call your veterinarian for a reference?</p> <p>Most veterinarians' charges vary by vet service for a visit. Are you financially prepared to provide necessary health care for your new pet?</p>								
<p>Personal Reference One:</p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Relationship to adopter:</p>								
<p>Personal Reference Two:</p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Relationship to adopter:</p>								

I have supplied all the required information to the best of my ability. I understand that if I misrepresent any information, Noah's Kingdom has the right to reclaim the animal at any time.

Signature of Adopter	Date:
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