



www.Headbutthotel.org

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ADOPTION APPLICATION - CATS

Our humane organization takes responsibility for cats that might otherwise not have a chance at adoption. Therefore, we seek loving **forever** homes where our “special” cats can live long, happy and most importantly, healthy lives. For this reason, and given the financial investment we have made in the pets who join us, we must ask you to answer the following questions, which will enable us to determine your suitability as a prospective adopter. Thank you for allowing us to help a lucky feline find their “Protect the Pets” forever home.

NAME:

ADDRESS:

EMAIL:

MOBILE PHONE:

HOME PHONE:

WORK PHONE:

OUR ADOPTION REQUIREMENTS AND CONTRACT CONDITIONS:

- You must be at least 21 years old, with proper proof of age.
- Current identification must show your correct address and phone number.
- You must be able and willing to spend the time and money needed to feed, house, train and care for your cat.
- You must be willing to allow an authorized representative of HBH to follow-up either in person or by telephone.

- For the first year from adoption date, we would like to receive quarterly updates including pictures to ensure this is a good match for both the client and pet.
- HBH will only place cats in INDOOR ONLY homes.
- We do not commonly adopt out kittens under 6 months of age to homes that do not have another cat.
- A home inspection, vet and personal reference checks are required in addition to a criminal background check.
- Spaying and neutering of pets adopted through our organization is a pre-requisite. Should the animal be too young for sterilization at the time of adoption, you must be willing to comply and furnish HBH with veterinary documentation.
- This animal will be treated with love and respect. You agree to assume full responsibility for its well-being, providing adequate and wholesome food and fresh water, shelter from weather, and any veterinary care needed to provide for the continued well being of this animal.
- You understand that you are adopting a cat who is to be a part of your family.
- No person suspected to be under the influence of drugs or alcohol will be permitted to adopt from HBH.
- It is clearly understood that this animal is not to be sold, traded, bartered, or given away for any purpose. It is not to be abandoned, and if you are unable or unwilling to provide for the animal any longer, you agree to return the animal to the Head Butt Hotel, with adequate prior notice.
- To optimize the health of our felines, our organization is committed to educating the general public with regard to responsible vaccination protocols and proper nutrition for companion animals. We therefore expect our cats to continue with their established protocols, resulting in overall healthier and happier pets and homes.
- Full veterinary files accompany our pets at the time of adoption, including a current rabies vaccination or current titer, (proof of current rabies vaccination immunity protection). Our rescue is a Protect the Pets organization, and we mandate responsible vaccination protocols to ensure the health of our pets is maintained. This means we do NOT allow our cats to be blindly and unnecessarily vaccinated and overdosed with any more than the current vaccinations they have been administered under our care. We require them to be affordably titer tested thru Kansas State Veterinary Lab prior to EVER being vaccinated AGAIN, especially for rabies. If our designated vet is not the vet you choose to continue overseeing the care of this pet, your vet can register for an account directly with Kansas State Diagnostic Lab to do so. Titers can also be ordered thru the Titers for Pets website or by having your vet pull and spin the bloodwork, as we do and sending it in to KSVL. Titer testing is cost efficient through and can be easily incorporated as part of the annual Wellness Exam, with blood pulled by your vet.
- Adopters are required to pay a non-refundable adoption fee in cash or local check.
- If transport is required, we will be more than happy to provide the various options available and any additional applicable charges.

IF YOU ARE WILLING TO COMPLY WITH THE ABOVE REQUIREMENTS, PLEASE COMPLETE THIS FORM AND RETURN IT TO A HEAD BUTT HOTEL REPRESENTATIVE.

1. Name of the cat you are interested in adopting, if applicable: [_____]
2. Why do you want a cat? [_____]
3. What qualities are you looking for most in your new furry family member? Age, breed, personality [_____]
4. Who lives in your household? [_____]
 - Adults: [_____]
 - Children: [_____]
 - Their ages: [_____]
5. Does everyone in your household want a cat? [_____]
6. Whose responsibility will the care of the cat be ? [_____]
7. Do you or anyone in your household have allergies? [_____]
8. Do you smoke? If yes, indoors or out side? [_____]
9. Do you own or rent your home? [_____]
 - If renting, please provide the name, address and phone number of the landlord, so we may ensure this is a pet friendly residence. [_____]
 - [_____]
 - If rental, does your landlord require a pet deposit? [_____]

10. If you've been living at your present address less than one year, list your previous address and length of stay: _____
11. Your employment status: _____
- Employed full time Work at home
 Employed part time Retired Unemployed
- Occupation: _____
 - Employer's name, address and phone number: _____
 - How many hours per day will your new cat be alone at home? _____
12. Have you fostered or adopted other cats before? _____
- If so, for how long and kindly provide the name of the rescue as one of your references below.

 - What happened to them? _____
13. On a scale of 1 to 10, how would you best rate yourself in terms of experience as a cat owner: 10 being very experienced cat owner able to groom at home and administer fluids (ex. a cat with kidney disease), to 1 representing a first-time cat owner? _____
14. Do you have other pets at home now? _____
- How many _____ what kind _____ and age _____
 - Names and Description: _____ _____ _____
_____ _____ _____ _____
 - Are they spayed/neutered _____
 - Up to date on vaccinations _____ or do they have current titers _____
15. If they are or were "Up to date" on vaccinations, how many times have they been vaccinated?

16. Have they been tested for any and all communicable diseases that could be transmitted to other domestic animals in your household: Felv / Fiv / Tri-Trichomonas / Heartworm / Mycoplasmas / Calici? _____ Do they have any other medical conditions which they are currently being treated for, or for which they are under veterinary care? _____
17. Who is your veterinarian, address and phone, and may we contact them for a reference for medical history of prior or current pets? _____
18. Does your vet provide any integrated services? _____
- LifeWave Technology Homeopathy Muscle Testing Nutritional Counseling
Acupuncture Laser therapy Cryo Therapy Supplements Chiropractic
Chinese Medicine
19. Do you have a Homeopath or Integrated practitioner? _____
20. Does your vet offer titer testing prior to proceeding with vaccinations? _____
21. Does your vet recognize titer testing lab results? _____
22. If not, will your vet be willing to set up an account with the Kansas State Veterinary Diagnostic Lab in order to do so, prior to proceeding with unnecessary annual vaccinations of our pets? _____
23. Does your vet offer the Merial Pure Vax nonadjuvanted line of vaccinations? _____
24. Are you aware that cats are obligate carnivores and should not be fed carbs? _____
25. Is your vet aware that cats are obligate carnivores? _____
26. Does your vet sell high carb Hills Science Diet or Royal Canin "prescription brands? _____
27. Is your vet experienced and Fip (yes/no) Felv (yes/no) Fiv (yes/no) friendly or do they recommend euthanasia? _____
28. Will you provide annual and emergency medical treatment as necessary for your cat? _____
29. Will you provide dental care when the time that this will likely become necessary? _____
30. Did you provide dental care with x-rays, if you've previously owned pets? _____
31. Especially for the long haired and specialty breeds, grooming and maintenance is an important aspect that affects the health of the cat. Are you financially able and willing to provide proper grooming, nail trimming, and maintenance of the cat, to avoid matting and to ensure its fur is kept in optimal condition; inclusive of professional grooming as needed and when necessary? _____
Or do you customarily groom your cats at home, inclusive of summer time lion's cuts, nail trimming monthly and ear cleaning monthly? _____
Who will trim your cat's nails monthly, and clean eyes and ears, as needed? _____
32. Does your groomer require annual rabies vaccinations rather than proof of rabies immunization coverage after titer testing? _____

33. Do you plan to incorporate monthly flea treatments for your cat? If so, what brand or what holistic product do you prefer to use? [_____]
34. Cats who are responsibly vaccinated and not overdosed with unnecessary vaccinations, often live longer than 15 – 20 years. Can you care for a cat that long? [_____]
35. If you became ill or disabled, where you could no longer care for your cat, or in the event of your untimely death, what provisions have been made for the continued care of your cat? [_____]
36. Do you drive or have any restrictions that would prohibit you from driving? [_____]
37. If you were to move in the future, or move where cats are not allowed, what would you do with the cat? [_____]
38. Where will you be keeping your cat? [_____]
 In the house only Outdoors only Indoors and outdoors
39. Do all of the windows in your home have strong, sturdy screens / pet screens? [_____]
40. Do you have a catio? [_____]
41. How often do you replace filters and have the ventilation duct system cleaned in your home? [_____]
42. Do have plants in your home? Do you know which are poisonous to animals? [_____]
43. What kind of flooring do you have? [_____]
44. Where will your cat sleep? [_____]
45. When you travel, what provisions will be made for the cat? [_____]
46. Are you prepared to handle the habits and lifestyles of cats, such as jumping on furniture, countertops, tables, etc? [_____]
47. Do you have the necessary equipment at home for the new cat (litterbox, dishes, food, etc.)? [_____]
48. What activities will you provide to amuse the cat? [_____]
49. Do you plan to declaw the cat? [_____]
50. Nutrition is one of the most important factors affecting the health of companion animals. If you have other pets, what brand do you currently feed them? What did you feed previously if you currently do not have a cat: Wet: [_____] Dry: [_____] Raw: [_____]
51. Will you would you be willing to continue with the dietary protocols we have established for our felines? [_____]
52. Do you have a home filtration water system or do you use Brita or the Zero Filtered Water pitcher systems? [_____]
53. Do you keep your toilet lid up or down? [_____]
54. What material are the food and water bowls you use? [_____] Glass Plastic Ceramic Stainless Steel Paper Water Fountains
55. How often do you clean the food and water recipients? Food [_____] Water [_____]
56. What brand of cat litter do you use? [_____] Is it light or scented with chemicals? []
57. How often do you scoop the litter and change it out? [_____]
58. What kind of house cleaning products do you use? [_____]
59. Under what circumstances would you not keep the cat? Please explain. [_____]

- | | | |
|--|--|--|
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Chewing furniture/carpet/drapes | <input type="checkbox"/> Cat became ill |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Potty training issues | <input type="checkbox"/> Fleas |
| <input type="checkbox"/> New baby | <input type="checkbox"/> Conflicts with children | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> New job | <input type="checkbox"/> Shedding | <input type="checkbox"/> Biting or behavioral issues |
| <input type="checkbox"/> None of the Above | <input type="checkbox"/> Conflicts with other pets | <input type="checkbox"/> High Veterinary Costs |

If other please explain: [_____]

60. Please list 3 personal references (not your current vet or a family member) who we may contact, including a rescue reference if you have previously fostered or adopted a pet.

Name:
Relationship:
Phone:
Email:

Name:
Relationship:
Phone:
Email:

Name:
Relationship:
Phone:
Email:

61. How did you find out about HBH? [_____]
62. Is there anything else we should know? [_____]

I hereby certify that the information I have provided here is complete and correct to the best of my knowledge. I understand that my submission of this application, in no way obligates the Head Butt Hotel to adopt a pet to me.

Signature: _____ **Date:** _____