

ANIMAL ADOPTION CENTER'S FELINE APPLICATION

() ADOPTION () FOSTER

(Please check one or both boxes)

CAT (S) NAME _____ ID# _____ DATE ____/____/____

IN ORDER TO BE CONSIDERED QUALIFIED FOR ADOPTING FROM THIS ORGANIZATION, YOU MUST PROVIDE PROOF OF CURRENT ADDRESS BY YOUR DRIVER'S LICENSE OR STATE CERTIFIED PHOTO ID. YOU MUST BE 18 YEARS OF AGE OR OLDER TO ADOPT. THE ADOPTION MANAGER MUST APPROVE YOUR APPLICATION.

Name: _____ Phone #: () _____
 Address: _____ Town: _____
 State: _____ Zip: _____ Cell Phone #: () _____
 Drivers License #: _____ Email Address: _____
 Employer: _____ Phone #: () _____ Hours _____
 Name of spouse/partner: _____
 Partner's employer: _____ Phone #: () _____ Hours _____

Do you live in: (Check one) **House**() **Apartment**() **Mobile Home**() **Condo**() **Dorm**() **Trailer**() **Other**() _____
 Do you: **Own**() **Rent**() **Live with parents**() **Other**() (Please explain) _____
 If live with parents, regardless of age, we must have parental approval.
 Parent's Name: _____ Phone #: () _____
 How long have you lived at this address? _____
 If less than 6 months, previous address: _____
 Do you intend on moving in the next 6 months? **Yes**() **No**() **Unknown**()
 Would you permit an onsite premise check? **Yes**() **No**()
 Landlord's name: _____ Phone #: () _____
 Are cats permitted on property? **Yes**() **No**() **Unknown**()
 If you move in the future, what will you do with your cat? _____

Is everyone in the household aware of and in favor of this adoption? **Yes**() **No**() **Don't know**()
 How many adults in the home? ____ How many children in the home? ____ What are their ages? _____
 Are your children used to cats? **Yes**() **No**()
 Do children or grandchildren, etc. visit your home? **Yes**() **No**() How often? _____
 Does anyone in the household have allergies? **Yes**() **No**() **Don't Know**()
 Are you 18 years of age or older? **Yes**() **No**()
 How many hours a day will the cat be left without adult supervision? _____
 Where will your cat spend its time? **Indoors**() **Outdoors**() **Both**()
 Will the cat be restricted to a certain area? **Yes**() **No**() **If yes, where?** _____
 Do you intend on declawing this cat? **Yes**() **No**() **Undecided**()
 What will you do with your cat when you are away for extended periods of time? (Vacations, business trips, etc)

How many pets are presently in your home? **Dogs** _____ **Cats** _____ **Other** _____
 Animal(s) names: _____
 Are they all spayed/neutered (S/N)? **Yes**() **No**() **Some**()
 Are they all current on their shots? **Yes**() **No**() **Some**()
 If no or some, on shots or S/N, please explain: _____

If a cat, is it declawed? **Yes**() **No**()
 If you have other cats, have they been tested for: FIV (Feline Aids) or FeLv (Feline Leukemia)? **Yes**() **No**()
 If yes, what were the results? **Negative**() **Positive**() **FIV**() **FeLv**() **Both**()
 Will this be your first pet? **Yes**() **No**()
 How many pets have you had in the past five years? _____

What were their name(s)? _____
 What happened to them? (Check all that apply) **Put to sleep**() **Sold**() **Hit by car**() **Lost**() **Still have**() **Given away**() **Died**
Accidental() **Died Natural**() **Turned into shelter**() **Other**() (If given away, died, turned in, or other checked, please explain) _____

Have you adopted from a shelter or animal organization before? **Yes**() **No**()
 If yes, **What** _____ **Where** _____ **When** _____
 Have you ever turned an animal into a shelter or organization? **Yes**() **No**()
 If yes, please check: **Your own**() **Stray**() **What shelter** _____

References *(Friends and neighbors preferred)*

Name: _____ Phone# () _____ Relationship: _____
 Name: _____ Phone# () _____ Relationship: _____
 Name: _____ Phone# () _____ Relationship: _____

What are your reasons for adopting a rescued cat? *(Check all that apply)*

In house companion() Barn cat() Mouser() For children() Want to save() Cat for business()
 Outside cat() For family member()*(for whom)* _____ Gift()*(for whom)* _____ Other ()*(Please explain)* _____

Your Preference *(Check all that apply)*

Type of Cat I'd Like: Short hair() Medium hair() Long hair() Any length()
 Prefer: Adult() Senior() Kitten() Special needs() Any() Male() Female() Either()
 Breed/Mix: _____ Color: _____
 I'd like these Personalities/Temperament Traits in My Cat: Quiet() Vocal/talkative() Mellow() Busy() High energy()
 Playful() Curious() Affectionate() Lap cat() Independent() Other() _____

Do you have a veterinarian? Yes() No()

Veterinarian's name: _____ Phone# () _____
 Address: _____ Town: _____
 State: _____ Zip: _____

Use this space for any additional comments you wish to make relating to this adoption.

Additional Foster Information *(Only fill out this section if you have checked foster box on front of application)*

Why are you interested in fostering a cat? _____

What would you like to foster? Cat() Kittens() Mother cat w/kittens() Bottle feeding underage kittens()
 Special needs() Senior() Injured() Sick() Pregnant cat() Abused, or Neglected() Other() _____

Do you have any experience with the above choices? Yes() No() What? _____

What is your level of experience? Beginner() Some Experience() Experienced() *(Please explain)* _____

How many hours in a day are you willing to devote to your foster animal? _____

Are you able to give: Pills() Liquid Medications() Injections()

Do you have a separate room or area to keep your foster animal(s) away from your animals? Yes() No()

If an emergency arose with your foster animal(s), would you be able to take it to a vet? Yes() No()

Would you be able to take your foster animal for routine vet visits? Yes() No()

How long are you willing to keep a foster animal? Short term (1 to 3 weeks)() Long term (1 to 3 months)()

Shelter animals have sometimes been in neglectful and/or abusive situations and, therefore, may experience difficulty making the transition to a new foster home. Are you willing to be patient while the animal adjusts to the new foster home? Yes() No()

I certify that the information given by me in this application is true and complete. I further understand that any falsified information that I give will terminate action on the adoption process. I understand and agree to Animal Adoption Center, at their discretion, performing a home check relating to this adoption. I hereby authorize release/ disclosure of records and/ or other information concerning all of the above inquiries, including but not limited to tenancy information and veterinary records.

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be 18 years of age or older)
 Print Name: _____

SHELTER USE ONLY:

SHELTER SIGNATURE: _____ Adoption Fee: *(cash / check #)* _____

MANAGER'S INITIALS:

ACCEPTED() REJECTED() PENDING() PETSMART OR OUTSIDE ADOPTION() FOSTER()

SHELTER COMMENTS: _____

ESCORT NAME: *(Please print)* _____ Phone # : _____

COMMENTS: _____