



CAT ADOPTION APPLICATION

We are glad you would like to adopt a new family member from us. In order to be considered as an adopter you must:

- Be 18 years of age or older
• If renting, have the knowledge and consent of your landlord
• Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care of the pet.
• Be willing to have a volunteer visit your home

Completion of this application does not guarantee adoption of a pet.

Pet you are interested in:
Your First & Last Name:
Address:
City/ State/ Zip Code:
Home Phone: Cell Phone:
Business Phone: Email:
Occupation:
Why do you want a cat?

List the names, ages, and relationship of everyone who shares your household (ie: Spouse; Significant Other; Kids; Roommates):

Does anyone in your household have allergies to animals?
Who will be the cats primary caregiver?
If your relationship changes, with whom will the cat remain?
How many hours of the day will your cat be left alone?
Where will the cat be left when left alone?
Do you live in a, [ ] House [ ] Condo [ ] Apartment [ ] Other
How long have you lived there?
What are the association rules about keeping a pet?

Will the cat have access to a, [ ] Balcony [ ] Pet Door [ ] Unscreened Windows
[ ] Unscreened Doors [ ] Back Yard [ ] Front Yard
[ ] Other means of outdoor access for the cat (describe)

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Landlord

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

What areas of your home will the cat be allowed? \_\_\_\_\_

Where will the cat sleep at night? \_\_\_\_\_

Where will you keep the litterbox? \_\_\_\_\_

What will you do if the cat claws the drapes or furniture? \_\_\_\_\_

What behavior is unacceptable to you? \_\_\_\_\_

Please list all pets you have had in the past or currently have in your care:

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Were they spayed/ neutered? \_\_\_\_\_

Were your cats tested for FIV/FELV? \_\_\_\_\_

Where did you get your previous pets? \_\_\_\_\_

Will your new cat be a, \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Both if Allowed

\_\_\_\_\_ Outside Anytime \_\_\_\_\_ Daytime Only \_\_\_\_\_ Under Supervision

\_\_\_\_\_ On Balcony/ Patio only \_\_\_\_\_ On a leash \_\_\_\_\_ Only when its older

\_\_\_\_\_ Only if I move to a house or other location

Will you feed your cat, \_\_\_\_\_ Wet Food \_\_\_\_\_ Dry Food \_\_\_\_\_ Both

What will you use for flea control? \_\_\_\_\_ Flea Spray \_\_\_\_\_ Flea Comb \_\_\_\_\_ Frontline

\_\_\_\_\_ Advantage \_\_\_\_\_ Revolution \_\_\_\_\_ Other/ Specify \_\_\_\_\_

Do you plan to declaw the cat? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Why?): \_\_\_\_\_

Have you ever declawed a cat? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Why?): \_\_\_\_\_

What will you do with your new cat . . .

If you go on vacation? \_\_\_\_\_

If you move to a no pet building? \_\_\_\_\_

If your partner is allergic to your pet? \_\_\_\_\_

If you get married? \_\_\_\_\_

If you move locally? \_\_\_\_\_

If you move out of state? \_\_\_\_\_

Under what circumstances would you not be able to keep the new cat? (Check all that apply)

\_\_\_\_\_ Pregancy/ New Baby \_\_\_\_\_ Divorce/ Separation \_\_\_\_\_ Spouse/ Child is allergic

\_\_\_\_\_ Needs too much Attention \_\_\_\_\_ Job Changes/ Loss \_\_\_\_\_ New House/ Apartment

\_\_\_\_\_ Scratches Drapes/ Furniture \_\_\_\_\_ Behaviour Problems \_\_\_\_\_ Expensive Vet Bills

\_\_\_\_\_ Conflicts with Other Pets    \_\_\_\_\_ Sprays/ Litterbox Problems    \_\_\_\_\_ Needs Special Diet  
 \_\_\_\_\_ Cat Becomes Disabled    \_\_\_\_\_ Requires Daily Treatments    \_\_\_\_\_ Other/ Explain below

How did you hear about cat adoptions? \_\_\_\_\_

Have you tried to adopt a cat/ kitten in the past?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Are you prepared to cover any vet expenses your pet may incur throughout their life?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    Is there a limit?    \_\_\_\_\_

How much is too much? \_\_\_\_\_

List current and past veterinarians that you use or have used:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**(PLEASE READ AND INITIAL EACH STATEMENT BELOW):**

\_\_\_\_\_ I understand that I am committing to care for this animal and have it as part of my family for its natural life, which can be up to 17 years for some pets.

\_\_\_\_\_ I am financially able to provide for the animals needs. This includes food, supplies, shelter, veterinary care, heartworm, flea, tick and parasite prevention. Which can be approximately \$800 per year.

\_\_\_\_\_ I have adequate time to spend with my new pet, including time for training, exercise and grooming,

\_\_\_\_\_ I understand that if I move, my pet will make the move with me.

\_\_\_\_\_ I understand I must comply with all state and local ordinances concerning pet licensing and vaccinations.

\_\_\_\_\_ I understand there may be additional requirements set forth that will be disclosed based on which pet is chosen and the nature of the pets personality, needs, dislikes, etc.

\_\_\_\_\_ I understand that this pet must be returned to ROCK 'N PAWZ RESCUE if for any reason I am no longer able to care for him/her.

\_\_\_\_\_ This pet shall never be given away, sold, transferred, abandoned, or neglected by you at any time, for any reason.

\_\_\_\_\_ ROCK 'N PAWZ RESCUE reserves the right to reclaim this pet should the contract agreement be broken or violated by you.

\_\_\_\_\_ I agree to routine follow-up post adoption.

\_\_\_\_\_ The microchip must always be updated if you move and you agree to always list ROCK N PAWZ RESCUE as a secondary contact in case of crisis, death, disaster, incarceration etc. This is a precautionary measure to help you and insure safe release of the pet from authorities, if needed.

\_\_\_\_\_ I understand that I am adopting an animal that may not be altered or fully vaccinated yet. I am responsible for continuing vaccines and altering of pet. Failure to comply can result in ROCK 'N PAWZ RESCUE revoking our adoption.

\_\_\_\_\_ I agree that this document will become part of the adoption records, should I adopt a pet from ROCK 'N PAWZ RESCUE.

**I agree that all of the information provided herein is true and correct. I agree to adhere to the terms and conditions set forth by ROCK N' PAWZ RESCUE. I further agree to release from all liability ROCK 'N PAWZ RESCUE for any illness; injuries or damages sustained directly or indirectly to any person or property by any pet adopted from or handled by ROCK 'N PAWZ RESCUE.**

**I have read and agree to the statements contained within this document.**

(PRINT NAME): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

We reserve the right to refuse any applicant.

(APPLICATION PROCESSED BY): \_\_\_\_\_

(DATE): \_\_\_\_\_