## Cat & Kitten

## **Adoption Application**



need to present a copy of the bylaws.



OFFICE USE ONLY	
☐ DNA Check by	

□ A □ C □ N	State:State:	First Na	H (Adult#1) (Adult#2)	Iome Phone: Cell Phone: Cell Phone:	()_ ()_	::/_ 
Address: City: E-mail: # of Years at Residence Type of Property:  Type of Property: A C C D N	State:State: e: If at addresserownhouse	Zip:	H (Adult#1) (Adult#2)	Iome Phone: Cell Phone: Cell Phone:	()_ ()_	
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City: E-mail: # of Years at Residence Type of Property: □ H □ T □ A □ C □ N	State:State: e: If at addresserownhouse	Zip:	_ (Adult#1) _ (Adult#2)	Cell Phone:		
# of Years at Residence Type of Property:  The	e: If at addre House Townhouse				()_	
Type of Property: □ H □ T □ A □ C □ N	House Townhouse	ess less than 1 year 🗕	Prior Address:			
Type of Property: □ H □ T □ A □ C □ N	House Townhouse	,				
□ T □ A □ C	Townhouse		Prior City:		State:	Zip:
□ ()	Apartment		•			
□ ()	1	Do you □ Rent =	Landlord / Com	plex Name:		
	Condo		Landlord / Com			
	Mobile Home		Are you allowed	_		
	Other:		,	n I		
(Adult#1) Employer:		Position:		Phone: (	)	_
(Adult#2) Employer:						
	will be the pet's j	primary caregiver?	pets?			
What are your beliefs r Pet Ownership	will be the pet's pregarding spaying	primary caregiver? g/neutering?	pets?			
What are your beliefs r  Pet Ownership  Please list all dogs and	will be the pet's pregarding spaying cats you have over	primary caregiver? g/neutering? wned as an adult (past	pets?and present)			
What are your beliefs r  Pet Ownership  Please list all dogs and	will be the pet's pregarding spaying cats you have over	primary caregiver?	and present)			
What are your beliefs r  Pet Ownership  Please list all dogs and	will be the pet's pregarding spaying cats you have over	primary caregiver?	and present) colawed Deceased fes No Yes No			
What are your beliefs r  Pet Ownership  Please list all dogs and	will be the pet's pregarding spaying cats you have over	wned as an adult (past  Sex   Neutered   De  M	and present)  colawed Deceased  Yes No Yes No  Yes No			
What are your beliefs r  Pet Ownership  Please list all dogs and	will be the pet's pregarding spaying cats you have over	wned as an adult (past  Sex   Neutered   De  M F   Yes   No   Yes   Yes   Yes   Yes   No   Yes   Yes	and present) colawed Deceased fes No Yes No fes No Yes No fes No Yes No			
What are your beliefs r  Pet Ownership  Please list all dogs and	will be the pet's pregarding spaying cats you have over	wned as an adult (past    M F	and present) cclawed Deceased fes No Yes No fes No Yes No fes No Yes No			
What are your beliefs r  Pet Ownership  Please list all dogs and	will be the pet's pregarding spaying cats you have over	wned as an adult (past    Sex   Neutered   Decomposition	and present)  cclawed Deceased  fes No Yes No			

Cat/Kitten Application		
	to adopt?	
What kind of pet are you looking for?	Where will the cat be when	
□ Indoor	you're home?	
□ Outdoor	you're not home?	
☐ Indoor/Outdoor	you're asleep?	
How will you entertain/exercise your cat?_		
How often will you scoop out the litter box	?	
Have you ever clipped a cat's nails?		
Will you declaw your cat? □ No □ Y	Yes (2-paw)	
How will you introduce your cat to other an	nimals in your household?	
How much time are you prepared to allow to	for your new pet to adjust to your home?	
Under what circumstances would you not k	eep or return this cat?	
How many hours a day will your cat be alon	ne?	
Are you committed to providing a responsil	ble home for your pet's entire life (could be 18	$3+$ years)? $\square$ Yes $\square$ No
Have you ever turned an animal in to a she	lter?	
	esponsibilities of providing your dog with adeq pprox. \$1,000+ per year)?   Yes   No	
How did you learn about Save-A-Pet?  ☐ Friend/Family ☐ Prior Supporter/A  ☐ Other:	Adopter   Newspaper   Drive by	I Internet □ Yellow Pages
Are you willing to sign a legal contract agree	eeing to pet owner responsibility?   Yes	□ No
realize that any misrepresentation of fact m Save-A-Pet has the right to deny my reques including but not limited to prior vet medical	formation is complete and correct and that I and any result in my losing the privilege of adopting at for adoption. I authorize verification of all stands history. I understand that this application is attion with other shelters and rescue organization.	g an animal. I understand that tatements on this application s the property of Save-A-Pet
	Signature	/

	FOR OFFICE USE	ONLY
Adoption Counselor:	//	Inital Application Approved?   Yes   No
If Pending please list what needs to be complete Pending Item(s)	eted	Date Completed Initals
Comments:		
Behavioral		
Litter Box Issues:		
Scratching:		
Unsociable/Hiding:		
Fighting with Other Animals:		
Interaction  Cat's Name		# of A Janaar(a).
Date:// Cat's Name: Comments:		# of Adopter(s):
Date:// Cat's Name:Comments:		
Date:// Cat's Name:		
Date:// Cat's Name:Comments:		