



<b>Name:</b>
<b>ID#:</b>
<b>DB:</b>
<b>Records/Letter Sent:</b>
<b>Notes:</b>

**AnimalSave Cat Adoption Application**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Please Print)

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City & Zip Code: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Have you adopted from AnimalSave in the past? Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_ Date of adoption: \_\_\_\_\_

Name: \_\_\_\_\_ Date of adoption: \_\_\_\_\_

What do you expect annual veterinary costs to be for this cat? \$ \_\_\_\_\_

Are you financially able to pay for illnesses or injuries that may easily cost \$500.00? \_\_\_\_\_

Check Type of Housing: Own? \_\_\_ Rent? \_\_\_

House \_\_\_ Condo \_\_\_ Apt. \_\_\_ Mobile Home \_\_\_ Military Housing \_\_\_

Other (please specify) \_\_\_\_\_ When does the lease expire? \_\_\_\_\_

How long at present address? \_\_\_\_\_ Are animals specifically allowed on your lease? Yes \_\_\_ No \_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you smoke? Yes \_\_\_ No \_\_\_ If yes, do you smoke: Inside \_\_\_ Outside \_\_\_

Are you planning to de-claw your cat? Yes \_\_\_ No \_\_\_

How many people in household: \_\_\_\_\_ Adults \_\_\_ Children \_\_\_\_\_ Ages \_\_\_\_\_

Does anyone in the household have allergies? \_\_\_\_\_

Who will be responsible for the care of the cat? \_\_\_\_\_

If you move, what will you do with your pets? \_\_\_\_\_

Do you have a plan for your pets if you should become unable to care for them? If so, what is it? \_\_\_\_\_

Have you ever adopted an animal and returned it to a shelter? \_\_\_\_\_ If so, what were the circumstances? \_\_\_\_\_

CURRENT PETS: Please include all pets including small, caged and barnyard animals.

Type of Pet	Age	Sex	Spayed/ Neutered	Declawed?	Kept In/Out	Years Owned	Shots Current?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

PET HISTORY: List pets owned in the past 5 years (other than those listed above.)

Type of Pet	Age	Sex	Spayed / Neutered	Declawed?	Kept In/Out	Years Owned	Cause of loss or death (& age)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Reason for wanting Cat: Companion \_\_\_\_\_ Mouser \_\_\_\_\_ Companion for other pet(s) \_\_\_\_\_ Gift \_\_\_\_\_

For Children \_\_\_\_\_ Other \_\_\_\_\_

How many hours will the cat(s) be left alone during the day? \_\_\_\_\_

Where will the cat be kept during the day? \_\_\_\_\_ Night? \_\_\_\_\_

Adopting a pet is a lifetime commitment. Do you believe you have adequate income to care for this pet over its lifetime (15 years) including providing food (including special dietary food if necessary), shelter, grooming and veterinary care that could cost **\$500 or more** for one illness or injury? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you object to AnimalSave visiting your home? \_\_\_\_\_

REFERENCES: Please list three

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

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

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

Name, Address & Phone of Veterinarian: \_\_\_\_\_

I authorize \_\_\_\_\_ veterinary clinic to release to AnimalSave all veterinary records for any and all animals I own or have owned in the past.

I certify that all the information in this application is true and I understand that false information will void the application.

I understand that completion of this application does not guarantee adoption of an AnimalSave cat or kitten. Many factors go into determining an appropriate adoption. Our primary concern is ensuring the best placement for the cat based on its needs.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

For AnimalSave staff:

Date landlord contacted: \_\_\_\_\_

Adoption approved \_\_\_\_\_ disapproved \_\_\_\_\_

Limitations or additional requirements? \_\_\_\_\_

Date references contacted: \_\_\_\_\_ By \_\_\_\_\_

Results: \_\_\_\_\_

Application reviewed and approved by: \_\_\_\_\_ Date \_\_\_\_\_

Date applicant contacted regarding approval/disapproval: \_\_\_\_\_ By \_\_\_\_\_

Date scheduled for adoption: \_\_\_\_\_

Additional comments/information: