



ADOPT-A-PET CAT ADOPTION GUIDELINES

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ALL PROSPECTIVE ADOPTERS MUST:

- * Be 21 years of age and have a valid ID with a verifiable current permanent address and verifiable phone number.
- * Ensure that the head of household and all other adults living in the household have consented to the adoption.
- * Bring all children and family members to meet the cat and Adopt-A-Pet representative before the adoption.
- * Have the financial ability to pay the adoption fee and ongoing expenses to care for cat, including routine and emergency veterinary care.
- * Ensure that cats are allowed in rented housing. Renters must show copy of lease or other proof from landlord that the cat is allowed.
- * Fill out the Adoption Application, and understand that the application has to be approved and that the approval process may take 24-48 hrs. or longer. We know you're anxious to adopt your new pet, but to ensure a good match it may take a few days to process your application. Please be patient – we want to make sure that you and your new pet are compatible and will have many years together!

HOW TO START THE ADOPTION PROCESS:

- 1) If you have already spoken to an Adoption Screener and were given a direct fax number to send your application to, please follow those instructions.
- OR
- 2) If you have not spoken to an Adoption Screener yet, then fill out this Application and fax to 866-648-2603
 - 3) An Adoption Screener will contact you for a phone interview or follow-up.

PLEASE READ CAREFULLY AND MAKE SURE

THE APPLICATION IS FILLED OUT LEGIBLY, IN DARK PEN OR TYPED, AND IN ITS ENTIRETY.

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED

IMPORTANT NOTE: PLEASE REALIZE THERE MAY BE APPLICATIONS ALREADY PENDING ON THE CAT OR KITTEN THAT YOU'VE SET YOUR HEART ON. APPLICATIONS ARE GENERALLY CONSIDERED ON A FIRST-COME FIRST-SERVE BASIS, BUT IN THE EVENT THERE ARE MULTIPLE APPLICATIONS ON THE SAME ANIMAL WE RESERVE THE RIGHT TO SELECT THE HOME THAT WE FEEL BEST SUITS THAT PARTICULAR ANIMAL.

THIS SECTION FOR OFFICE USE ONLY

Screener: _____

Date: _____

Results: Did not Adopt OR Adopt Cat's name: _____

Cats's ID #: _____

Thank you for taking the time to complete this questionnaire. Your answers will permit us to more effectively meet your needs and the needs of our cats. Our goal is to match each adopter with the cat that will best fit into his/her lifestyle to ensure the cat's best chance at a forever home. Please understand that our first obligation is to the welfare of our animals. It is our responsibility to find **permanent** loving homes for each of them. Therefore, we have adoption guidelines in place and we reserve the right to deny any adoption we feel is unsuitable. If your application is preliminarily approved, you will be called to arrange to meet the cat you're interested in or to pick up the cat that you've already met and decided on. Final approval rests with the foster parent. Upon picking up the cat, you will be expected to bring with you. **(please initial each item as read and understood):**

____ a proper, secure cat carrier (no cardboard)

____ personal picture ID (such as a driver's license) and ID showing your current address

____ cash or check for adoption fee. We do not take credit cards

Please check appropriate box(es):

____ I have already spoken on the phone to an Adoption Screener. If so, please fill in name: _____

____ I have left a message on Adopt-A-Pet voice mail but have not yet received a call back. Date called: ____

____ This is my first contact with Adopt-A-Pet. I have not left a voice mail nor spoken with anyone yet.

____ I have adopted from Adopt-A-Pet in the past. When? _____ Pet's name & ID#: _____

When were you hoping to adopt? Immediately Next few days Next few weeks Next few months

CONTACT INFORMATION

Primary Applicant's Name: (First-Middle-Last)	Age	Home phone	Work Phone	Cell Phone
Co-Applicant's Name: (First-Middle-Last)	Age	Relationship	Work Phone	Cell Phone
Email 1	Email 2			
Address:	Apt #:			
City:	State:	Zip:		

FAMILY DYNAMICS

# of adults in household	Relationship to Primary applicant	# of children in household	Ages of girls	Ages of boys
Do you expect your current family situation to change?		If yes, how?		
Has anyone in the household ever been convicted of domestic battery, animal cruelty or a violent crime?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details				
Are you willing to let an Adopt-A-Pet representative visit your home before and/or after adoption?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does everyone in the household wish to adopt a pet?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, who is not in agreement?	
Does anyone in the household have an allergy to cats?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?	
If so, how will you handle the situation?				
If your new boyfriend/girlfriend is allergic to the pet, how will you handle it?				
If there were a new baby in the house, what would happen to your cat?				

HOUSING

Do you: (Click box next to your answer)	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Live with relatives
Do you live in a: (Click box next to your answer)	<input type="checkbox"/> Home	<input type="checkbox"/> Condo/Townhouse	<input type="checkbox"/> Dorm
	<input type="checkbox"/> Apartment	<input type="checkbox"/> Mobile home	<input type="checkbox"/> Other
How long at current address?			
If less than 2 yrs., what was your	Previous Address	City State Zip	How long at previous address?
If you rent: (if you do not rent go to next section)			
does your lease allow cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	Restrictions?
Name of Landlord:	Phone		
If you live in a condo/townhome: (if you do not live in a condo or townhome go to next section)			
does association allow cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	Restrictions?
Name of condo/townhouse property manager	Phone		
Do you plan to move in the foreseeable future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
If yes, what type of housing will you be moving into?			
If you ever moved into a building that did not allow pets, what would you do with your cat?			
If you moved out of state, what would you do with your cat?			
If you died or became incapacitated or other unforeseen circumstances arose in your life where you were unable to keep your cat, is there a back-up person you have made arrangements with to take your cat?			
	If yes, name of person	Relation	Phone
If no, what would happen to your cat?			

AVAILABILITY

How often do you travel?			
How will you provide for your cat when you travel?			
Do you work full-time? Work part-time? Attend school? Retired? <i>Please check box.</i>	Applicant		Co-applicant
	<input type="checkbox"/> Work Full-time	<input type="checkbox"/> Work Part-time	<input type="checkbox"/> Work Full-time <input type="checkbox"/> Work Part-time
	<input type="checkbox"/> Stay at home	<input type="checkbox"/> Attend School	<input type="checkbox"/> Stay at home <input type="checkbox"/> Attend School
	<input type="checkbox"/> Retired	<input type="checkbox"/> Other	<input type="checkbox"/> Retired <input type="checkbox"/> Other
Is anyone in the household a stay-at-home person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?	
If no, how many hours will cat be left alone?			
Where will your cat be when ...	you're home	you're not home	you're asleep
Will your cat generally be kept:	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	<input type="checkbox"/> Inside/outside
How many hours a day will your cat be outside?			
If you don't already have a cat at home, would you consider adopting two (2) cats for mutual companionship?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CURRENT AND PAST PETS

Please tell us about your most recent (current and past) pets:						
TYPE (Dog, cat, rabbit, gerbil,...)	BREED/SIZE	GENDER	AGE	SPAYED OR NEUTERED	STILL OWN?	IF NO, WHERE IS PET NOW?
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are your current dogs:	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Indoor/Outdoor	Explain:
Are your current cats:	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Indoor/Outdoor	Explain:
Are your current cats tested for Feline Leukemia and FIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Was the test result negative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a pet?	<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Hit by a car			
Have you ever had to give up a pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what were the circumstances?				
If given up, what did you do with it?				
Have you ever adopted from a shelter/rescue organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which shelter/rescue?	
Have you recently applied to adopt from another shelter/rescue organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

If yes, which shelter(s)?	Shelter:	Date	Status / Reason for not adopting

PET OWNERSHIP

Do you agree to spay/neuter your cat (at our expense) if not already done?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to declaw your cat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, 2-paw or 4-paw declaw? <input type="checkbox"/> 2-paw <input type="checkbox"/> 4-paw
Who will be primarily responsible for:		
<input type="checkbox"/> Feeding the cat	<input type="checkbox"/> Litter box cleaning	<input type="checkbox"/> Playing with the cat
<input type="checkbox"/> Brushing the cat	<input type="checkbox"/> Vet visits	<input type="checkbox"/> Trimming nails
Which of the following cat behaviors/characteristics present a problem for you? (mark all that apply)		
<input type="checkbox"/> Jumping on furniture	<input type="checkbox"/> Scratching furniture	<input type="checkbox"/> Not using the litter box
<input type="checkbox"/> Jumping on counters	<input type="checkbox"/> Playful nipping	<input type="checkbox"/> Hiding
<input type="checkbox"/> Chewing on plants	<input type="checkbox"/> Keeping you awake at night	<input type="checkbox"/> Shedding
How will you resolve this problem?		
How often do you plan to vaccinate your cat?		
If your cat developed a medical condition that cost more than \$500 to treat, what would you do?		
How much do you expect to spend for maintenance for your cat in a year?		
How much time are you prepared to allow for your new cat to adjust to your home?		

CAT OF INTEREST

Why do you want to adopt a cat? (check all that apply)			
<input type="checkbox"/> Companion for me	<input type="checkbox"/> For a child	<input type="checkbox"/> Mouser	
<input type="checkbox"/> Family pet	<input type="checkbox"/> To breed	<input type="checkbox"/> Companion for another pet	
<input type="checkbox"/> Gift or surprise	<input type="checkbox"/> Other - Explain: _____		
What characteristics are most important to you when considering which cat you'll adopt? (check/fill in all that apply)			
<input type="checkbox"/> Good with kids	<input type="checkbox"/> Good with dogs	<input type="checkbox"/> Good with other cats	<input type="checkbox"/> Friendly/well socialized
<input type="checkbox"/> Male	<input type="checkbox"/> Long hair	<input type="checkbox"/> 2-paw declawed	Age Range: _____ Breed or type: _____ Color: _____
<input type="checkbox"/> Female	<input type="checkbox"/> Short hair	<input type="checkbox"/> 4-paw declawed	
<input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Doesn't matter	
I would consider providing a permanent home to: (check all that apply)			
<input type="checkbox"/> Friendly/lap cat	<input type="checkbox"/> Playful/energetic cat	<input type="checkbox"/> Special medical needs cat	<input type="checkbox"/> Pair of cats
<input type="checkbox"/> Shy/timid cat	<input type="checkbox"/> Senior cat	<input type="checkbox"/> Handicapped cat	<input type="checkbox"/> Pair of kittens
<input type="checkbox"/> Quiet cat	<input type="checkbox"/> Cat that needs socializing		
I am interested in (name of cat): _____ (<i>1st choice</i>) or _____ (<i>2nd choice</i>)			

PLEASE READ CAREFULLY: Adopting a cat or a kitten is a serious responsibility. A cat you adopt today will likely be a part of your family for the next 10 to 20 years. A cat makes considerable demands on your time and resources. As a cat owner you will need to spend time cleaning litter boxes, socializing, grooming, feeding and playing with your cat each day. Cats that are shy or have not had much human contact need even more time and socialization. All cats require regular medical care. Some cats require special food or medications. All cats require regular grooming, sometimes by a professional. Vet bills, pet sitting and vacation boarding fees may add considerable expense to your family budget.

Yes No **ARE YOU PREPARED TO ACCEPT THE PERSONAL AND FINANCIAL RESPONSIBILITY OF OWNING A CAT?**

Yes No **ARE YOU WILLING TO MAKE A LIFETIME COMMITMENT TO THIS CAT (10-20 YRS.)**

PLEASE PROVIDE AT LEAST 3 PERSONAL REFERENCES WHO ARE FAMILIAR WITH YOUR FAMILY AND/OR PETS.

Name	Phone Number	Relationship
		RELATIVE
		FRIEND
		NEIGHBOR
		Other* _____

* (examples: pet sitter, doggie day care, groomer, etc.)

Who is your current veterinarian?		Phone	
What are your pets' names (first and last) who have seen this vet?			
Who is your former veterinarian?		Phone	
What are your pets' names (first and last) who have seen this vet?			

By signing below (including electronic signature), I certify that the information provided on this application is true and I recognize that any misrepresentation of facts will result in losing adoption privileges. I further understand that the adoption of this pet may be delayed until information can be verified. I authorize investigation of all statements in this application, understanding that veterinarians, landlords and personal references may be contacted, and I authorize the persons/entities listed above and/or their personnel to disclose to a representative of Adopt-A-Pet, Inc. information that they possess regarding myself, my family, and the treatment and services of my current or former pets.

Applicant's Signature

Date

Please print name if not electronic

Co-applicants signature

Date

Please print name if not electronic

OFFICE USE ONLY			
Application Checked by		Date	
Applicant Interviewed by		Date	
Landlord/Condo Check		Date	
Back-up Person*		Date	
Vet Check #1		Date	
Vet Check #2		Date	
Reference #1		Date	
Reference #2		Date	
Reference #3		Date	
Reference #4		Date	
Shelter Check		Date	
Home Check		Date	
Comments/Concerns			
Approved by		Date	
Denied by		Date	
Reason Denied			

*Person to take pet if potential adopter died or became incapacitated or other unforeseen circumstances arose in their life where they were unable to keep their pet.