**ADOPTION APPLICATION - FELINE**

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| **Applicant Information** |
| Name: DOB: | Driver’s License#: |
| Street Address/Apt #: |
| City/ State/Zip: | Years at this address: |
| Home Phone: | Cell Phone: |
| Do you own your home? Y / N Rent? Y / N Military housing? Y / N Other: |
| Employer/Position: |
| Email: *(please write legibly)* |
| **Questionnaire** |
| Does anyone in your household suffer from allergies (adopting or otherwise)? |
| Is everyone in your household aware of and agreed upon adopting a cat? |
| Do you own or rent your home? |
| If you rent, do you have your landlord’s written permission to keep a adopting(s)(s) in your residence? How many? Please give name and phone number of landlord / copy of the lease. |
| Do you have a dog or cat door that lives outside? Y / N  |
| What is the activity level in your home? Low, Medium, High |
| How many adults live in your household? |
| How many children? What are their ages? |
| Current number of pets in the household? |
| **What are You Looking for in a Cat?** |
| Have you ever adopted animals for any shelter or humane group? If yes, what did you adopt and from whom? |
| Gender: Male Female No preference |
| Age: Kitten Adult Senior No preference |
| Coat: Short Medium No preference |
| Housing: Indoor only Outdoor only Indoor/Outdoor |
| Other: Declaw Special needs Note: A3P will not declaw felines |
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| **Adopt Interest** |
| What are you interested in adopting? Circle all that apply. |
| * Pregnant mom
* Mom with kittens
* Bottle baby kittens
* Kittens 4 weeks to 5 months
* Kittens 5 months to a year
 | * Adults
* Special Needs – Medical
* Special needs – timid/needs socialization
* Other (please specify):
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| **Feeding, Medicating and Housing** |
| How many hours per day will your cat be left alone? |
| What will you do with the cat when you’re at work or traveling? |
| Who will care for your cat while you’re traveling? |
| Who will be responsible for feeding the cat while you’re at work / traveling? |
| Where will your cat live? Free house access Outdoors Free access to outdoors In the barn Other |
| Do you have a separate room or space where the cat can escape / de-stress, if needed? Y N |
| Do you plan to kennel the cat? Y N |
| What will you do if the cat doesn’t get along with your current pet(s)? |
| Do you know that the average cat can live to be 15+ years old? |
| Are you able to incur the expense of a cat to include annual shots, emergency care, food? Y N |
| What behaviors would cause you to give up the cat?* Illness
* Scratching / destructiveness
* Hides for the first week
* Biting
* Litter box problems / spraying
* Too active
* Growling
* Incompatibility with other pets
* Other (please specify)
* N/A
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| What changes in your home would cause you to give up the cat?* Allergies
* Loss of job
* Illness
* Relocation
* Pregnancy / new baby
* Family member becomes ill
* N/A
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| **Prior/Current Animal History** |
| Please list the animals that have shared your home in the last five years. |
| Name | Breed | Sex/Age | In/Outdoor | Declawed | Still Own | If not, why? |
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| Veterinary contact for animals listed above: Name/Phone: |
| Do we have your permission to contact your vet for a reference?  |
| Have you ever surrendered an animal to a shelter or rescue group? If so, why? |
| **References** |
| Please provide the name, relationship, email and phone number for at least 2 references, not including relatives. |
| 1. |
| 2. |
| 3. |
| **Disclosure** |
| Have you ever been cited or convicted of a crime relating to animal cruelty, or do you have a charge pending? If yes, you will not be able to adopt for this organization. |

**NOTE**

Advocates for Abused and Abandoned (A3) is a non-profit organization serving multiple counties with in-home adoptable cats. When you adopt, you must keep your cat safe, healthy and socialized. Adopting implies you will keep your cat for its lifetime. If you are unable to do so, you must contact A3P immediately to return him/her. There are no refunds for returned pets.

By signing your name below, you are stating that you understand all adoption responsibilities.

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