

Angels Among Us Pet Rescue **Cat Adoption Application**



PLEASE ANSWER ALL QUESTIONS!

This application is designed to help match cats and people to find the placement that works best for everyone. Please note that we do not necessarily adopt a cat to the first applicant, but rather to the person/family that seems the best fit for that particular animal. All persons living in the household should be involved in choosing a pet.

Your Name: _____ **Other adult(s) in household:** _____

What is the name of the pet(s) you're interested in?

Names/Ages of children in household:

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Home #: _____ **Cell #** _____ **Email:** _____

Age or DOB: _____ **Employer:** _____ **Title or Profession:** _____

Length of time at your current address: _____ **Is it a house?** _____ **Townhouse?** _____ **Apartment?** _____

Do you own or rent your home? _____ **If renting, can you provide documentation re: the pet policy?** _____

What kinds of cat behavior do you find undesirable, and how would you deal with these issues?

For what reasons would you return this cat to us? (Check all that apply)

Not consistently using the litter box

Family allergic reaction

Not being enough of a "lap cat"

Moving to place that does not allow pets

Destructive scratching of furniture

Aggressive behavior, including "play biting"

Does not get along with other pets

Other (please list): _____

If your cat develops a behavioral problem, are you willing to work with us on an action plan, that may include consulting a cat behavior specialist, to address that problem?

Are there any circumstances that would lead you to declaw this cat? If so, please describe:

Where will the cat sleep? Does any member of your family have allergies to animals?

Does anyone in your household smoke? What will happen to the cat if you have to move?

If something were to happen to you, who would take responsibility for your pet(s)?

What veterinarian/veterinary hospital sees & vaccinates your pets?

May we contact them? Phone number: _____

Are your current pets up-to-date on vaccinations?

Please list another reference (e.g., friend, neighbor – not a family member, please) whom we can contact about your suitability as a pet owner. Name/Phone number:

PLEASE TELL US ABOUT YOUR HOUSEHOLD:

Cat Experience (mark one)
 first time owner
 have had one or two
 knowledgeable & experienced

Home Atmosphere (mark one)
 busy/grand central station
 some activity
 calm, low-key

Do you anticipate any major changes to your lifestyle within the next 5 to 10 years (e.g., having children, moving, acquiring other pets)? If yes, please list those changes.

Will the cat be allowed to go outside? Percentage of time cat will spend indoors vs outdoors:
(For apartment dwellers, please tell us if this situation will change when/if you move to a house.)

On an average day, how many hours will the cat be alone? Who will care for the cat when you're on vacation?

Please list all of the animals you have owned or lived with (starting with the most recent or current) over the past 5 years:

Species & Breed (eg: Dog/Beagle, Cat/Persian)	Name of Pet	Age	Up to Date on Vaccinations? yes or no	When did you own this pet? (e.g., 2002-2006)	Percentage of time pet is/was inside vs. outside	If cat, is it declawed?	Do you still own this pet? If no, what happened?

Is there anything else you'd like to share with us about why you would like to adopt this pet(s), and your suitability as an owner?

I certify that all the information in this application is true, and I understand that false information may void this application and may void any adoption contract. I understand that Angels Among Us Pet Rescue Inc reserves the right to decline any adoption request and to terminate any adoption based on false information contained in this application.

Name: _____

Signature: _____ Date: _____

This application can be faxed to 770 667 9400, or left at the Johns Creek/Alpharetta PETCO Cat Adoption Center located at 10980 State Bridge Road.