

# NORTH KINGSTOWN/EXETER A.P.L. INC. (PET REFUGE) ADOPTION APPLICATION

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**APPLICATION DATE:**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ **How long at this address:** \_\_\_\_\_  
 Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Driver's license # \_\_\_\_\_

1. **What is your occupation and employer?**
  
2. **FOR WHAT REASON(S) do you want to adopt a cat?**
  
3. **Is there a specific cat/kitten are you interested in?**  Yes  No **If yes, name of cat:** \_\_\_\_\_
  
4. **Do you currently have or previously had other animal companions?**  Yes  No  
**If yes, please answer 4a to 4 f below. If pet is deceased, indicate by "D" after name & year of death**

Names & ages of cat(s)	
4a. Are/were any cats declawed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4b. Are/were cats allowed outdoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4c. Are/were the cats spayed or neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4d. Are/were the cats tested for feleuk/FIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4e. Are/were the cats up to date on vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4f. Names/Ages/Breed of dog (s):	
4g. Are/Were dog (s) on Heartworm med. and up to date on shots?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. **Do you live in a:**  House  Apartment  Mobile Home  Condo  
**Do you**  **Own home** (means tax bill in your name or spouse)  **Rent**  **Live with parents**  
**If renting, landlord's name/address/land line phone number) (Or bring in lease):** \_\_\_\_\_

6. **Where will the new cat (and any existing cats) spend their days and nights? Select all that apply:**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Only Indoors<br><input type="checkbox"/> In/out during the day<br><input type="checkbox"/> Indoors at night<br><input type="checkbox"/> Outdoors most of the time | <input type="checkbox"/> Screened Porch<br><input type="checkbox"/> Open Deck<br><input type="checkbox"/> Single Room<br><input type="checkbox"/> Crated | <input type="checkbox"/> Basement<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Barn<br><input type="checkbox"/> Other <b>(Explain Below)</b> |
|--|--|--|

7. a. Have you ever adopted from a rescue group?  Yes  No

If yes, which group & when?

Do you still have the pet?  Yes  No If no, what happened to pet?

b. Have you ever applied to adopt a pet and been denied? If yes, which group?

8. Have you ever brought an animal to a shelter or gave it away or "lost" it? (i.e. disappeared, hit by car, etc.)

Yes  No If yes, describe circumstances

9. Is there any behavior that would make you declaw your cat? If yes, explain.

10. Would you move if you cannot take your pets?  Yes  No If yes, what would you do with pets?

11. Full names/ages of those living with you

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Is anyone in the home allergic to cats?  Yes  No

12. Do we have permission to contact your vet to discuss current or past pets?  Yes  No

Please provide name/address/phone number of **Current or Previous Veterinarian.**

**Name/Address**

**Phone:**

Email completed application to [petrefuge@verizon.net](mailto:petrefuge@verizon.net)

**Incomplete applications will not be considered.** Please take the time to include phone numbers, addresses, and all requested information. Information discovered to be falsified or omitted will result in an automatic denial. You agree we have the right to verify any information on this application, and may do a criminal record check. Submission of this application does not guarantee that you will receive a cat. We retain the right to deny your application at our discretion.

My signature below signifies that all the information provided on this application is true and accurate. To "sign electronically," please type your name and the last four digits of your phone number.

Applicant's signature \_\_\_\_\_ (4 digits)