



# ADOPTION APPLICATION

Email completed application to  
 sheltermanager@thepetrefuge.org  
 or Fax to (401)294-4963

## Applicant Details

APPLICATION DATE	FULL NAME	MONTH OF BIRTH	YEAR OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS		CITY	STATE      ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>
HOW LONG AT THIS ADDRESS?	CELL#	HOME#	OCCUPATION/EMPLOYER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS		DRIVER'S LICENSE STATE	DRIVER LICENSE#
<input type="text"/>		<input type="text"/>	<input type="text"/>

1. For what reason(s) do you want to adopt a cat?

2. Is there a specific cat/kitten are you interested in?  
 Yes    No   If yes, name of cat:

3. Do you currently have or previously had other cats?  
 Yes    No   -If yes, please answer 3a to 3f below:

3a.	Name of Cat	Age	Breed	L/D (Living/Deceased)	Year of Death (if applicable)
				<input type="checkbox"/> L <input type="checkbox"/> D	
				<input type="checkbox"/> L <input type="checkbox"/> D	
				<input type="checkbox"/> L <input type="checkbox"/> D	
				<input type="checkbox"/> L <input type="checkbox"/> D	

3b. Are/were any cats declawed?      3c. Are/were cats allowed outdoors?      3d. Are/were the cats spayed or neutered?  
 Yes    No       Yes    No       Yes    No

3e. Are/were the cats tested for feleuk/FIV?      3f. Are/were the cats up to date on vaccines?  
 Yes    No       Yes    No

4. Do you currently have or previously had other dogs?  
 Yes    No   -If yes, please answer 4a to 4c below:

4a. Are/Were dog(s) on Heartworm med. and up to date on shots?  
 Yes    No

4b.	Name of Dog	Age	Breed	L/D (Living/Deceased)	Year of Death (if applicable)
				<input type="checkbox"/> L <input type="checkbox"/> D	
				<input type="checkbox"/> L <input type="checkbox"/> D	

4c. How is your dog around cats? If he/she hasn't been around cats, what is your introduction plan?

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	Phone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

6. Where will the new cat (and any existing cats) spend their days and nights? Select all that apply:

Only Indoors       Screened Porch       Basement  
 In/out during the day       Indoors at night       Open Deck       Single Room       Garage       Barn  
 Outdoors most of the time       Crated       Other (Explain): \_\_\_\_\_

7a. Have you ever adopted from a rescue group?  
 Yes     No    If yes, which group & when? \_\_\_\_\_

7b. Do you still have the pet?  
 Yes     No    If no, what happened to pet? \_\_\_\_\_

7c. Have you ever applied to adopt a pet and been denied?  
 Yes     No    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

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: \_\_\_\_\_      How often do your pet(s) go to the vet? \_\_\_\_\_      Please provide month and year of last vet visit. \_\_\_\_\_

13. If something should happen to you, is there a care plan for your pet(s)?  
 \_\_\_\_\_

14. Are you willing to be responsible for the care of the cat for its entire life - which could be 20+ years?  Yes     No  
 15. Are you prepared for the cost of cat ownership (vet, food, litter, etc.)?  Yes     No  
 16. I understand that owning a pet is a long-term commitment that requires mature consideration. I assert I have the financial means to care for this cat(s) and will provide a loving home and adequate medical care.  Yes     No  
 17. If for any reason I am not able to keep the cat(s), and have no trusted family member or friend to take it, I will return the cat(s) to Pet Refuge.  Yes     No  
 18. I understand that the cat(s) will take some time to get used to me and my household. I will not hesitate to ask advice of my vet or Pet Refuge.  Yes     No  
 19. I understand that a volunteer may contact me after the adoption and I agree to surrender the cat(s) if any of the above information is found to be false, or in the judgement of the volunteer I am not maintaining the cat(s)' health or happiness by providing food, shelter, and medical care.  Yes     No

**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. Submission of this application does not guarantee that you will receive a cat. We retain the right to deny your application at our discretion.

I understand and agree that by signing this form, or submission via email, I agree that information obtained on this application may be shared with other animal organizations or companies that are animal related.

My signature below signifies that all the information provided on this application is true and accurate.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_