



Please hand to the Shelter Manager  
or mail to:  
Pet Refuge  
PO Box 83  
North Kingstown, RI 02852

Or Email To:  
sheltermanager@thepetrefuge.org  
Or Fax To: (401) 294-4963

## ADOPTION APPLICATION

### Applicant Details

APPLICATION DATE

FULL NAME

MONTH OF BIRTH

YEAR OF BIRTH

ADDRESS

CITY

STATE

ZIP

HOW LONG AT THIS ADDRESS?

CELL#

HOME#

OCCUPATION/EMPLOYER

EMAIL ADDRESS

DRIVER'S LICENSE STATE

DRIVER LICENSE#

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?

Yes  No

3c. Are/were cats allowed outdoors?

Yes  No

3d. Are/were the cats spayed or neutered?

Yes  No

3e. Are/were the cats tested for feleuk/FIV?

Yes  No

3f. Are/were the cats up to date on vaccines?

Yes  No

4. Do you currently have or previously had other dogs?

Yes  No

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

5a. Do you have your own transportation (i.e. car) for bringing the cat to vet visits?

Yes  No

If No, how do you plan on bringing the cat to the vet for their check ups and treatments?

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Only Indoors              | <input type="checkbox"/> Screened Porch   | <input type="checkbox"/> Basement  |
| <input type="checkbox"/> In/out during the day     | <input type="checkbox"/> Indoors at night | <input type="checkbox"/> Open Deck |
| <input type="checkbox"/> Single Room               | <input type="checkbox"/> Garage           | <input type="checkbox"/> Barn      |
| <input type="checkbox"/> Outdoors most of the time | <input type="checkbox"/> 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 yes, 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

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

Phone

Address

City

State

Zip

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: \_\_\_\_\_