

ADOPTION APPLICATION

In order to prevent unnecessary delays due to an incomplete application, we request every question be answered in full to the best of your ability.

ADOPTION REQUIREMENTS

PLEASE INITIAL NEXT TO EACH STATEMENT TO CONFIRM YOU UNDERSTAND & AGREE

You must present current identification which shows your picture and current address

- ___You must be willing and able to spend the time & money needed to feed, house, play, train and provide medical care for your cat
- You must to allow a representative of St. Sophia's to make adoption follow-ups, either by telephone or in person, as necessary You must carefully read the terms of our Adoption Contract and agree to its terms

_____You agree that if, for any reason, at any time, you cannot keep the cat you adopt, you must RETURN THE CAT TO ST. SOPHIA'S

NAME:			HOME PHONE: ()		
ADDRESS:						
		ZIP:				
What cat(s) are you	i interesting i	n adopting?				
Gift	Companio	at from St. Sophia's? nMouser g to add a cat to your family?		_FamilyFriend		
Who lives in your hou (is everyone award	usehold?		Employer Name:			
NAME	AGE	AWARE of ADOPTION	Phone:			
			Years Employed:	Hours/Day		
			How many hours will the	cat be left unattended daily:		
Who will care for the	cat in the abs	taker?	Have you ever given up a	ehold suffer from petNoUnsure n animal before?		
What is your current Own Condo Own Home	living situatio	on? Rent Condo Rent Home	Have you ever had an add	option application declined?		
Own Townhon	ne	Rent Townhome	(<i>ii</i> yee, preace explain) <u>-</u>			
lf you rent, please lis	st the name and	Rent Apartment		or your new cat?		
lf you rent, does you	ır lease have aı	ny special pet requirements?	Under what circumstance returning your adopted c			
		no o o nt o dalar o o O	Job Change	New Children		
How long have you li	ved at your p	resent address?	Moving	Marital Change		
Do you plan to move in the near future?			Allergies	Elimination Problems		
If you move, what	t plans do yoi	u have for your new pet?	Shedding	Behavioral Problems		
			Cost of Care	Veterinary Costs		

Please tell us about your pets, past and present:

AST OR RESENT	NAME	TYPE	AGE	SEX	SPAYED / NEUTERED	DECLAWED	UP-TO-DATE ON VACCINES	LAST VET VISIT	TOLERATES ANIMALS

In what circumstances would you consider declawing your cat?	What behaviors would be considered unacceptable?					
If you choose to declaw, do you know what this entails?	What type/brand of food do you feed/plan to feed <u>?</u>					
Are you interested in receiving additional information regarding the declaw process or learning methods of behavior modification for unwanted behavior?	Would you be interested in learning more about cat nutrition?					
In the past, have cats in your care gone outside? Please give details (<i>free roaming, harness & leash, outdoor</i> <i>enclosures, etc</i>)Food/TreatsT						
	Scratching PostGrooming					
	Preventative Care Carrier					
	Emergency Vet CareBoarding					
If you plan to let the cat/kitten you adopt go outside, what precautions are you taking to ensure your cat's safety as well as the sanctity of your neighborhood?	Routine Vet Care What amount do you feel comfortable spending on an emergency health issue or injury to your adopted cat?					
	\$100\$500\$1,000 Unsure Other					
As with any rescue animal, these cats may have been abused in the past, may have litterbox issues or may have treatable medical issues. In some cases, these issues may not be realized until after the adoption	OnsureOther I'm interested in Pet Insurance					
takes place.	Veterinarian you plan to use:					
How will you address behavioral issues that arise?	Address:					
	Unsure					
Please list two references that are not related to you (ref	I ferences must be 18 years old or older):					
Name:	Name:					
Address:	Address:					
Phone:						

	I am financially and physically able to care for an adoptive animal.	
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I understand the expenses and work involved in pet care and I am able and willing to meet these requirements. I certify that the information provided in this application is complete and true to the best of my knowledge.

Signature_____

Relationship:

Date____

Relationship:

WE RESERVE THE RIGHT TO REFUSE ANY ADOPTION