



# 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 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: \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_  
 CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

What cat(s) are you interesting in adopting? \_\_\_\_\_

Why would you like to adopt a cat from St. Sophia's?

Who are you adopting this cat for?

Gift     Companion     Mouser     Self     Family     Friend

How long have you been looking to add a cat to your family? \_\_\_\_\_

Who lives in your household?  
*(is everyone aware of the potential adoption?)*

NAME	AGE	AWARE of ADOPTION

Employer : \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Years Employed: \_\_\_\_\_ Hours/Day \_\_\_\_\_  
 How long will the cat be left unattended daily: \_\_\_\_\_

Does anyone in the household suffer from pet allergies?  
 Yes     No     Unsure

Who will be the cat's primary caretaker? \_\_\_\_\_

Have you ever given up an animal before? \_\_\_\_\_  
*(if yes, please explain)* \_\_\_\_\_

Who will care for the cat in the absence of the primary caretaker?  
*(when you travel, etc)* \_\_\_\_\_

Have you ever had an adoption application declined? \_\_\_\_\_  
*(if yes, please explain)* \_\_\_\_\_

What is your current living situation?

Own Condo                       Rent Condo  
 Own Home                         Rent Home  
 Own Townhome                  Rent Townhome  
     Rent Apartment

How are you preparing for your new cat? \_\_\_\_\_

If you rent, please list the name and number of your landlord:  
 \_\_\_\_\_

Under what circumstances would you consider returning your adopted cat?

If you rent, does your lease have any special pet requirements?  
 \_\_\_\_\_

Job Change                       New Children  
 Moving                              Marital Change  
 Allergies                           Elimination Problems  
 Shedding                           Behavioral Problems  
 Cost of Care                        Veterinary Costs

How long have you lived at your present address? \_\_\_\_\_

Do you plan to move in the near future? \_\_\_\_\_  
 If you move, what plans do you have for your new pet?  
 \_\_\_\_\_

Please tell us about your pets, past and present:

PAST OR PRESENT	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? \_\_\_\_\_

If you choose to declaw, do you know what this entails? \_\_\_\_\_

Are you interested in receiving additional information regarding the declaw process or learning methods of behavior modification for unwanted behavior? \_\_\_\_\_

In the past, have cats in your care gone outside? Please give details (*free roaming, harness & leash, outdoor enclosures, etc*) \_\_\_\_\_

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? \_\_\_\_\_

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 takes place.

How will you address behavioral issues that arise? \_\_\_\_\_

What behaviors would be considered unacceptable? \_\_\_\_\_

What type/brand of food do you feed/plan to feed? \_\_\_\_\_

Would you be interested in learning about cat nutrition? \_\_\_\_\_

What expenses are you prepared for and do you feel apply to your adopted pet? (please check all that apply)

\_\_\_\_\_ Food/Treats                      \_\_\_\_\_ Toys/Bed  
\_\_\_\_\_ Scratching Post                      \_\_\_\_\_ Grooming  
\_\_\_\_\_ Preventative Care                      \_\_\_\_\_ Carrier  
\_\_\_\_\_ Emergency Vet Care                      \_\_\_\_\_ Boarding  
\_\_\_\_\_ Routine Vet Care

What amount do you feel comfortable spending on an emergency health issue or injury to your adopted cat?

\_\_\_\_\_ \$100      \_\_\_\_\_ \$500      \_\_\_\_\_ \$750  
\_\_\_\_\_ \$1000      \_\_\_\_\_ Unsure      \_\_\_\_\_ Other  
\_\_\_\_\_ I'm interested in Pet Insurance

Vet Clinic you plan to use: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ Unsure

Please list two references that are not related to you (references must be 18 years old or older):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_ I am financially and physically able to care for an adoptive animal.

\_\_\_\_\_ 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 \_\_\_\_\_

Date \_\_\_\_\_

**WE RESERVE THE RIGHT TO REFUSE ANY ADOPTION**