



APPLICATION FOR ADOPTION CAT OR KITTEN

PLEASE ALLOW AT LEAST ONE HOUR FOR THE ADOPTION PROCESS TO BE COMPLETED.

AAC is pleased that you have decided to apply for adoption of a cat or kitten from us. Every animal adopted from AAC has been spayed or neutered, as required by Texas State Law.

To be considered for adoption, you must meet the following requirements:

- ✓ Have photo identification showing your present address
- ✓ Have the knowledge and consent of all adults living in the household
- ✓ Be able and willing to spend the time and money necessary to provide the training, medical treatment, and proper care of the pet
- ✓ Have the funds to pay the adoption fee

AAC Policies:

- ✓ No cats or kittens will be adopted to families with young children unless we meet the child/ children to see how they interact with the pet
- ✓ AAC representatives will call periodically about the health and well being of the cat or kitten
- ✓ Cats or kittens are adopted for inside pets

PLEASE COMPLETE THE FOLLOWING:

How did you hear about AAC?

Walk-in Friend Petfinder AAC Volunteer Other

First Name: _____ Last Name: _____ Age: _____

Spouse/ Roommate Name: _____ Age: _____

Street Address: _____ Apartment Number: _____

City: _____ State: _____ Zip: _____ Subdivision: _____

Employer: _____ Occupation: _____

Spouse/ RM Employer: _____ Spouse/ RM Occupation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Are you a US citizen? Yes No

Name or description of cat/kitten desired: _____

Case Number: _____ What characteristics are you looking for in a cat or kitten? _____

Do you live in: (check one)

House Apartment Mobile Home Condo/Townhome

Other (describe) _____

Do you: (check one) Own Rent/Lease

If rent/lease, name of Landlord/Complex: _____

Phone number of Landlord/Complex: _____

Amount of deposit required: _____ Have you paid the deposit yet? Yes No

If not, when do you intend to pay it? _____

Are you planning on moving soon? Yes No

If you do move, what would you do with your pets? _____

What would you do if you need to move to a place that does not allow pets? _____

Why did you decide to adopt a cat?

Do you want a cat for? (check all appropriate lines)

- | | | |
|------------------------------------|--------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> House pet | <input type="checkbox"/> Family Pet | <input type="checkbox"/> Company for other pet |
| <input type="checkbox"/> Mouser | <input type="checkbox"/> Gift | <input type="checkbox"/> Companion for elderly family member |
| <input type="checkbox"/> Barn Cat | <input type="checkbox"/> Child's pet | |
| <input type="checkbox"/> Other | _____ | |

Is the pet for: (Check yes or no for each one)

- | | | |
|--------------------|------------------------------|-----------------------------|
| Inside only | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Outside only | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Inside and Outside | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Where will the cat be during the day? _____

Where will the cat stay at night? _____

Where will the cat stay when you are away from home or on vacation? _____

What would be a good reason for letting your cat outside? _____

How many hours a day will the cat/kitten be alone? _____

How does everyone in the household feel about owning a cat/kitten? _____

How many adults live in your household? _____ Children? _____

Please list the ages of all children in the household: _____

Do you use a babysitter? Yes No If so, have you discussed how the babysitter feels about cats? Yes No

How long do you think it should take for a cat/kitten to adjust to your home? _____

Are you familiar with local regulations regarding licensing and leashing of your pets? Yes No

How much do you anticipate spending yearly for food, toys, medical care, grooming and other expenses for this pet?

\$100 \$200 \$300 \$400 \$500 or more

If the pet becomes seriously ill or injured and needs extensive veterinary care, what would you do?

What would you do if the pet exhibits destructive behavior?

Where do you intend on placing the litter box? _____

Do you have a pet door? Yes No

Do you intend on declawing your cat? Yes No

If so, why? _____

What brand(s) of food do you intend to feed your cat or kitten?

Dry Brand _____ Wet Brand _____

Are you familiar with the following feline diseases:

Feline Leukemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stomatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feline Aids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vaccine Related Fiber Sarcoma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heartworms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ringworm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Urinary Tract Infection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	FIP	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What would you consider a good reason to give up this pet?

Fleas Pregnancy Moving Not Using Litter Box
 Scratching Furniture Biting Allergies Other: _____

If you could no longer care for this pet, what would you do? _____

Do you have a regular veterinarian? Yes No

If so, name and phone number of vet clinic: _____

Please initial to authorize permission to request information from your veterinarian: _____

How often do you think a cat should see a veterinarian? _____

PLEASE LIST ALL ANIMALS CURRENTLY OWNED:

Breed/ Description	Neutered (Yes/No)	Sex (M/F)	Last Date of Vet Visit	Age	Where Kept

PLEASE LIST ALL ANIMALS PREVIOUSLY OWNED:

Breed/ Description	Neutered (Yes/No)	What happened to this pet?	Age	Where Kept

I certify that the above information is true and understand that any false information may result in denial of this application. This application is the property of Adopt A Cat, Inc. AAC reserves the right to decline any adoption.

Signature: _____ Date: _____

Signature: _____ Date: _____

Adoption Staff Only

First Interview by: _____ Second Interview by: _____

Approved Declined

Comments: _____

Pet Deposit Payment Verification

Date: _____ Time: _____ Performed By: _____

Viewed Lease: Yes No

Phone Number: _____ Person Spoke With: _____ Title: _____

Home Inspection

Home Inspection Date: _____ Performed By: _____

Type of Property: Home Mobile Home Apartment Does the adopter own a crate? Yes No

How many other animals? _____ Describe: _____

List topics and issues discussed during visit: _____