



**Cat Chosen:** 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

**Adopter's General Information:**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name (previous name(s)) \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City, State \_\_\_\_\_ ZIP \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Birth Date (00/00/00) \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Name/ how long there \_\_\_\_\_ Employer Address \_\_\_\_\_

Have you adopted from OARS previously?  Yes\*  No If **yes**, approximate date adopted: \_\_\_\_\_

**Property/ Household Information:**

House  Duplex  Apartment  Condo  Mobile Home

I own  **I rent\***  I live with a parent or guardian

How long have you lived at this address? \_\_\_\_\_

**\*If you rent, name of landlord/condominium manager:** \_\_\_\_\_

\*Landlord phone: \_\_\_\_\_ Landlord E-mail: \_\_\_\_\_

Spouse/Roommate/Partner's name & date of birth (if applicable, also list previous name(s)):

\_\_\_\_\_ Employer Name/ how long there: \_\_\_\_\_

Names & ages of children (if applicable): \_\_\_\_\_

Does anyone in your home have allergies?  Yes\*  No If **yes**, who and type of allergy: \_\_\_\_\_

Who is the pet for?  Myself  My family  Relative  Friend

Pet will be kept:  Indoors  Outdoors  Both indoors and outdoors (explain)

**Pet Information:** Have you ever had a companion animal before?  Yes  No

If **yes**, were you the primary caretaker?  Yes  No If **no**, who was? \_\_\_\_\_

Please list current and other pets you have owned in the past ten years, indicating breed, gender, spayed/neutered, pet's age, and if you still have. (Continue on another sheet if needed.)

Type of Animal Pet's Name M/F Spay/Neuter Age Still have? If not- reason why:

\_\_\_\_\_  M/ F  Y  N  Y  N \_\_\_\_\_

___	___	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	___
___	___	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	___
___	___	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	___
___	___	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	___

**Veterinarian Information:**

Please list your current / previous veterinarian(s). OARS will contact them to verify your current pets are up to date on shots and altered; this is a requirement for new pet adoptions. **Please call their office(s) to authorize release of information to OARS.** If you are planning to utilize another vet but are not currently a client, please note that information.

Veterinarian Name(s): \_\_\_\_\_ Vet Clinic Name(s): \_\_\_\_\_

Current Veterinarian Phone: \_\_\_\_\_ and/or E-mail: \_\_\_\_\_

If adopting a cat/kitten, will you declaw?  No  Yes, front paws only\*  N/A

Are you interested in receiving information on training your cat to use a scratching post?  Yes  No

\*Please note: by signing this form, I agree that I will NOT four-paw declaw this cat(s). Orphan Animal Rescue does not allow four-paw declawing of any cat adopted from this organization. If you elect to front-paw declaw using a veterinarian of your choice, we ask that you are aware that there may be behavioral changes in the cat following declaw and you accept responsibility for any changes in the cat's behavior. For more information on declawing alternatives, please visit our website page: [www.orphananimalrescue.org/petresources](http://www.orphananimalrescue.org/petresources).

In an average year, how much do you estimate spending for the following?  
 vet care: \_\_\_\_\_  
 other preventatives (flea/tick, heartworm, etc): \_\_\_\_\_  
 food, supplies, litter, toys, etc.? \_\_\_\_\_

As your new cat transitions to your routine, it may take a month (or more) to adjust. Are you willing to devote time to the transition process? rYes No

**References:**

Please provide two non-related references and their relationship to you. Please advise them an OARS volunteer will be contacting them so they expect our call/email:

Name/ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_ E-mail \_\_\_\_\_

Name/ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_ E-mail \_\_\_\_\_

**Additional Information:**

All pets are in care for a minimum of 2 weeks before putting them up for adoption so we can better understand the pet's temperament, personality and needs. To meet a pet, a potential adopter should fill out the adoption application, meet the pet and have a compatibility interview. We give preference to adopters in the Fox Valley. We do not use a first-come, first-serve process and we decide who is going to be the best match for each pet. The process is intended to ensure a best-fit, long-term successful adoption for both the family and pet. We do not do same-day adoptions.

\* If you rent, provide a copy of your lease and addendum allowing pets to Orphan Animal Rescue.

\* By signing this adoption application, you agree to provide vaccinations, health check-ups and any additional veterinary care, by a qualified veterinarian, on a yearly basis.

\* Your adoption fee is a donation to Orphan Animal Rescue and is nonrefundable.

\* When adopting a cat or kitten, you must bring a secure cat carrier along when picking up your new pet.

By signing this form, I/we acknowledge that the information on this form is true and correct. I/we agree to all provisions indicated on this form. I/we understand that any misrepresentation of fact may result in Orphan Animal Rescue Inc. refusing adoption privileges to me/us. If my/our request for adoption is approved and later Orphan Animal Rescue Inc. discovers the above information is not true or correct, this application becomes null and void. Because of my breach of contract, Orphan Animal Rescue Inc. reserves the right to remove the adopted pet from my home, and I will be held responsible for any associated legal costs incurred as part of said reclamation process. In order to ensure the best homes for our rescued pets, we reserve the right to deny any adoption application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**How did you hear about OARS?**  Word of mouth  PetFinder  Adopt A Pet  Web  
Other (please describe) \_\_\_\_\_

*Thank you for applying to adopt a pet from Orphan Animal Rescue! Please allow **48-72 hours** to process your application.*

**For Office Use Only:**

Date/ time received: \_\_\_\_\_

Approved  Not Approved Reason: \_\_\_\_\_

Signature of Staff Volunteer \_\_\_\_\_

Initials of Staff/Volunteer \_\_\_\_\_

Date \_\_\_\_\_

Adoption Donation: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Foster Home: \_\_\_\_\_