



Cat Adoption Application

1st Cat Choice: _____ 2nd Cat Choice: _____

Adopter's General Information:

First Name Middle Initial Last Name Home Phone

Street Address Cell Phone

City, State ZIP Work Phone

E-mail Birth Date (00/00/00)

Employer Name Occupation

Property Information:

House Duplex Apartment Condo Mobile Home

I own I rent I live with a parent or guardian

If you rent, name of landlord/condominium manager: _____

Landlord phone: _____ Landlord E-mail: _____

Spouse/Roommate/Partner's name (if applicable): _____

Names and ages of children (if applicable): _____

Who is the pet for? Myself My family Relative Friend Pet will be kept: Indoors Outdoors Both indoors and outdoors

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

Please list current and other pets you have owned in the past ten years. (Continue on another sheet if needed.)

Breed of Animal	Pet's Name	M/F	Spay/Neuter	Age	Still have?	If no, why not?
_____	_____	<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	_____

Please list your current veterinarian. Per new veterinary standards, please call your veterinary clinic and ask to release your records to OARS. We will then contact the veterinarian to verify your current pets are up to date on shots; this is a requirement for new pet adoptions.

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

*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 with a veterinarian of your choice, we ask that you accept responsibility for any changes in the cats behavior and are aware that there may be behavioral changes in the cat following declaw. For more information on declawing alternatives, please visit our website www.orphananimalrescue.org/petresources .

References:

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

Name/Relationship Phone E-mail

Name/Relationship Phone E-mail

Additional Information:

* If you rent, a copy of your lease and addendum for pets must be presented 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.

* By signing this adoption application, you agree to have this pet spayed or neutered if he/she is not already sterilized. A deposit is required for nonsterilized animals, which will be returned to you upon receipt of a signed letter from your veterinarian indicating date of spay/neuter surgery.

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

* You must be 21 years or older to adopt.

* 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, and 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.com Adoptapet.com OARS Web Site

Other (please describe): _____

Thank you for applying to adopt a pet from Orphan Animal Rescue!

*Please allow **48-72 hours** to process your application. We are 100% volunteer-run and appreciate your patience.*

For office Use Only:

Approved Not Approved Reason: _____

Signature of Staff Volunteer

Initials of Staff/Volunteer Date

Adoption Donation: _____ Payment Method: _____ Foster Home: _____