



Feline Adoption Application

Date of application: _____/_____/_____

Please fill out this application thoroughly. Incomplete applications will not be processed.

Applicant Information (Please print)

Name of Applicant: _____	Please check the box next to the phone # that is best to reach you: X	Best time to call: (Circle AM or PM)
Email address: _____	Home phone: () _____ <input type="checkbox"/>	AM PM
Street Address: _____	Cell phone: () _____ <input type="checkbox"/>	AM PM
_____	Work phone: () _____ <input type="checkbox"/>	AM PM
City/State/Zip: _____	Other phone: () _____ <input type="checkbox"/>	AM PM
County: _____	How did you hear about SOS Rescue Inc.? _____	

Household Information

Rent ☐ Own ☐ Other ☐

Renters, complete this section:

Landlord's name: _____ Phone #: _____ Email address: _____

Does your lease allow cats? Yes ☐ No ☐

If you don't own or rent, please describe your living arrangements:

All applicants must complete this section:

How many adults currently live in the home? #: _____ Ages: _____	Where will the cat spend most of its time? Indoors Outdoors Garage Basement Other (specify): _____
How many children currently live in the home? #: _____ Ages: _____	
Provide full names and birth dates of all adults living, or spending a significant amount of time, in the household: _____	
Are any members of your household allergic to cats? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	
Does everyone in your household agree with adopting a cat? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	

What is the activity level in your home? ☐ Quiet - 2 or less adults/seniors, no children
☐ Calm - 3 or less family members residing in the home, no young children
☐ Moderate - Applicant works typical schedule (home most weekends)
☐ Active - Frequent visits by friends/family, multiple children, other pets, busy weekends
☐ Other - Explain _____

If you're planning a move, what do you do if you can't find a residence that allows cats? _____

Do you have a room with a door where your new cat can safely stay during the transition period? Yes ☐ No ☐

Employment Information (Please print)

Occupation/Title: _____

Company name: _____

How long have you been employed with this company? _____

Other Pets (Please print)

List all pets that you currently own, or have owned, in the past 5 years:

Type of animal	Name	Age	Gender	Spayed/Neutered?	Up to date on vaccinations?	Still own? (If no, please explain)
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Have your cats been tested for FIV/FelV? Yes ☐ No ☐ Not sure ☐ NA ☐

Did any test positive? Yes ☐ No ☐ Not sure ☐ NA ☐

Do any of the cats in your home go outdoors? Yes ☐ No ☐ Not sure ☐ NA ☐

Have you ever adopted a rescue animal before? Yes ☐ No ☐ If yes, when & from where? _____

New Cat Information (Please print)

Cat's name: _____

How did you learn that this specific cat was up for adoption? _____

Where is the cat currently located? _____

What about this specific cat attracted you to him/her? _____

Additional Important Information (Please print)

Who will be the primary person responsible for the care of your new cat? _____

Is this cat intended as a gift? Yes ☐ No ☐

If yes, who will the cat be given to and what is the age of the recipient? _____

Do you think your pet should have a yearly physical exam? Yes ☐ No ☐ Not sure ☐

Are you financially able to care for your new cat's needs including food, toys, comfort items and vet visits? Yes ☐ No ☐ Not sure ☐

Have you or anyone in your household been charged or convicted of a crime involving animal cruelty? Yes ☐ No ☐ Not sure ☐

If yes, please provide their name(s): _____

How do you plan to train your new cat to not scratch your furniture? _____

What would you do if your cat scratched or nipped you? _____

Surrendered Animals (Please print)

Have you ever given up/surrendered an animal before? Yes ☐ No ☐

If yes, please tell us about the reasons or circumstances surrounding why you gave the pet up: _____

Under what circumstances might you decide not to keep your cat or kitten: _____

- ☐ New job ☐ New baby ☐ Problem with cat's health
☐ Moving ☐ Money issues ☐ Problem with cat's behavior
☐ Illness/allergy ☐ Conflict with other pets
☐ I would not give up my cat or kitten!
☐ Other (Explain) _____

References (Please print)

Name of your current/most recent veterinarian: _____ Phone #: _____

Names of all pets on file at your veterinarian's office: _____

If you DO NOT have a vet reference, please provide a minimum of three (3) personal references that you have known for at least 5 years.

If you DO have a vet reference please provide a minimum of one (1) personal reference.

Name: _____	Name: _____	Name: _____
How do you know this person? _____	How do you know this person? _____	How do you know this person? _____
How long have you known this person? _____	How long have you known this person? _____	How long have you known this person? _____
Primary phone #: _____	Primary phone #: _____	Primary phone #: _____
Secondary phone #: _____	Secondary phone #: _____	Secondary phone #: _____
Email address: _____	Email address: _____	Email address: _____

Agreements

If for some reason you can no longer keep the cat, do you agree to contact SOS Rescue before any other shelter or rescue? Yes ☐ No ☐

It is widely recognized by veterinarians that dry cat food, when fed as a cat's only diet, can be devastating to their health.

It is known to cause diabetes, urinary blockages and obesity.

Do you agree to not feed your new cat a dry food diet unless otherwise instructed by SOS Rescue or your veterinarian? Yes ☐ No ☐ Not sure ☐

Behavior problems can arise for many reasons; most of which can be solved.

If problems do occur, do you agree to contact SOS Rescue FIRST to discuss your options? Yes ☐ No ☐

We are committed to ensuring that all our cats are placed into homes that are clean, safe and cat friendly.

Do you agree to allow an SOS Rescue representative to perform a home visit prior to and after adoption if requested? Yes ☐ No ☐ Not sure ☐

It is very common for some animals to take a few weeks to fully adjust to their new home?

Are you prepared to give the animal time to adjust (at least 2 weeks)? Yes ☐ No ☐ Not sure ☐

All of our pets are microchipped. Do you agree to pay the \$13 registration fee in addition to the adoption fee? Yes ☐ No ☐ Not sure ☐

By completing and signing this application, you certify that the information provided is accurate and true. Applicant understands that any falsehood or misrepresentation of information may result in the rejection of this application. You further understand that SOS Rescue Inc. reserves the right to deny any request for adoption with or without disclosing the reasons for rejection. Applicant authorizes the release of information from persons or agencies listed on this application.

Applicant Signature _____

Date _____ / _____ / _____