

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 more 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 _____ \$1,000
 _____ Unsure _____ Other
 _____ I'm interested in Pet Insurance

Veterinarian you plan to use: _____

Address: _____

Phone: _____

_____ Unsure

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

Name: _____

Name: _____

Address: _____

Address: _____

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