



P.O. Box 991
Anderson, IN 46015-0991
765-649-7944

Email: info@countrysideanimalrescue.org
www.countrysideanimalrescue.org

CAT ADOPTION APPLICATION

Date: _____

Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Alternate Phone: _____

Home E-mail: _____

Work E-mail: _____

Vet Information

Vet's Name: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

How long have you been a client at the Veterinarian Office? _____

Family Information

Who will be affected by this adoption? Significant Other? ____ Children? ____

Comment: _____

List children living in household and ages:

Do you currently have pets living in the household? _____

Please list pets:

Name:	Type:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are your dogs/cats up to date on vaccines? _____

Are they spay/neutered? _____

If not, why? _____

Have cats in household been tested for Feline Leukemia & FIV? _____

When: _____ Results: _____

Do your cats go outside? _____

Comments: _____

Are your pets microchipped? _____

Do you use flea prevention on your current pets? _____

If so, what type? _____

What brand of cat food do you use, we recommend a premium food for better quality?

Other Information

Do you own or rent? _____ How long at this address: _____
(If renting, please supply a written letter from the landlord stating their pet policy.)

Average number of hours a day someone is home: _____

Have you ever surrendered a pet before, and if so, please explain why?

Have you had previous experience with cats before? _____

Are you prepared to deal with the emotional and/or physical problems that many rescued cats have? _____

Are there any emotional or physical problems that you would not be willing to tolerate?

Are you willing to commit to any special requirements that a rescue cat that you adopt may need, such as a special diet, additional litter pans, medication, etc.? _____

If you find that you can not meet the requirements of a rescued cat that you adopt, will you agree to return the cat to Countryside Animal Rescue? _____

Do you plan to declaw the cat, if not already declawed at adoption? _____
If yes, please explain _____

References

Name: _____ Phone: _____

Best time to contact this person? _____

How do you know this person? _____

Name: _____ Phone: _____

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How do you know this person? _____

Adoption Information

Here at Countryside Animal Rescue we take our animals very seriously. We want the adoption process to be a pleasant and rewarding experience for you and the animal. This application is a thorough attempt to let us know if the cat you have an interest in will be a good match for you and your family.

Countryside Animal Rescue will make a home visit prior to acceptance of your application. We feel strongly about not wanting our animals placed in bad situations, nor do we want the family to take on more that they are capable of taking care of. We are not looking at your housekeeping abilities; we are just looking to make certain that you are able to provide a safe, secure and loving environment for the cat.

Countryside Animal Rescue reserves the right to place any particular cat into any home and that my approved application gives me no right to any cat.

Please understand that a rescue cat can come from unknown backgrounds, I assume the risks of being bitten, scratched, injured while visiting with this cat for adoption.

Please initial: _____

I understand that the recurring cost of maintaining a cat can exceed well over \$200 per year of vet bills, vaccinations and routine care. I agree to perform all routine health maintenance annually for my adopted cat and any other unknown veterinarian care that could come up after adoption.

Please initial: _____

Thank you for considering adopting a cat from Countryside Animal Rescue.

Please sign and date that this information you listed on this adoption application is accurate to the best of my knowledge.

X

_____ Date: _____