

Grove City Area Pet Rescue
Kitty Adoption Application (724) 372-0491 grovecityareapetrescue@gmail.com

Thank you for inquiring about one of Grove City Pet Rescue's cats or kittens. In order to promote your happiness and the happiness of your new family member, we need to gather the following information from you. Please remember that Grove City Area Pet Rescue reserves the right to refuse any adoption. Must be 21 to adopt.

Name of the Kitty(s) You Are Interested In: _____

Applicant Information

Name(s) of Adopter(s): _____ Age: _____
Address: _____ City: _____
Cell or Home Phone: _____ Email: _____

Family Information

Describe all Household Members - Include names and ages of adopters.

Name: _____ Age: _____ Relationship to Adopter(s): _____
Name: _____ Age: _____ Relationship to Adopter(s): _____
Name: _____ Age: _____ Relationship to Adopter(s): _____

Does any member of your household have an allergy to Cats: Yes _____ No _____

Home Information

Do you own or rent your home? Own _____ Rent _____ How long have you lived there? _____

Landlord Contact info: _____

Would you agree to a home visit if necessary? Yes () No () Home visits may be necessary if no vet reference avail.

Place of Employment(s) _____

How many hours per day will the pet be without human companionship? _____

Who will care for the pet when the family is away overnight or longer? _____

Adoption Information

Why do you want this cat? Check all that apply: Companion _____ Companion for another pet _____ House Pet _____

Barn Cat _____ Mouser _____ Office Cat _____ Other _____

Do you realize that when you adopt a cat or kitten you are making a long term commitment? Yes () No ()

(Most cats that are well cared for can live at least 17 - 20 yrs).

How long do you plan to keep this cat _____ Have you ever taken a pet to a Shelter () Rescue () Rehomed ()

If you move, will you take the cat with you? Yes _____ No _____

Under what circumstances would you get rid of your pet(s) Divorce _____ Moving _____ Owner ill health _____ Chronic Illness of pet _____ Expense _____ New Baby _____ Pet urinating/defecating inappropriately _____

What provisions will you make for the cat should you become unable to care for it? _____

Where will your new pet spend most of his/her time during the day? _____ Sleep? _____

Where will your new pet spend most of his/her time during the night? _____

Will your cat spend any time in the garage? Yes _____ No _____ in the basement? Yes _____ No _____

What will you do about your cat's claws? Nothing _____ Front Declaw _____ All 4 Declaw _____

Scratching Post & Trim Nails _____ Tendonectomy & Trim Nails _____

Current Pets

All dogs and cats 6 months of age or older must be spayed/neutered unless a medical reason confirmed by a vet.

Would this be your first cat: Yes _____ No _____ Do you own other pets now? Yes _____ No _____

If you own pets now, please complete the following - include all species of pets.

Name	Species	Breed	Pet(s) Age Now	Age When You Acquired Pet	Is your Pet(s) Indoor or Outdoor?	Current on Shots?	Spayed Neutered?	If not fixed, Why?

(If you need more space - Please continue on back of page)

Present Pets:

How do your pets get along? _____

Will your pet(s) accept the new pet? Yes _____ No _____ Don't Know _____

Where will you keep the cat? Inside ____ Outside ____ Free access to both ____ In Barn _____

Other, please explain _____

If you currently have cats, please answer the following:

Have they been tested for FeLv (Feline Leukemia)? Yes _____ No _____ Don't Know _____

Have they been tested for FIV (Feline Aids) ? Yes _____ No _____ Don't Know _____

Are they declawed? Yes _____ No _____ Don't Know _____

If yes, where are they declawed? Front Paws _____ All Four Paws _____

Past Pets

Have you had any pets in the past? Yes _____ No _____

If yes, please fill out the following information for all pets.

Pet Name	Species	Spayed Neutered ?	Age When Acquired	Years Owned: ex: 2010-2020	Vet name who cared for pet	Indoor or Outdoor?	How did the relationship end?

Vet Care

Are you willing to provide regular vet care for your new pet? Yes _____ No _____

If the newly adopted pet should need extensive veterinary care in the future, would you be willing and able to pay for his/her operations, hospitalization, medications, etc.? Yes ____ No ____

How much are you willing to spend on medical bills for your Cat? Up to \$100 _____

Up to \$500 _____ Up to \$1000 _____ Up to \$5000 _____ Whatever it Takes _____

What would you do if the vet bills go over this amount? _____

What veterinarian clinic(s) have you used during the past Six (6) years?

Veterinarian's/Clinic's Name	Phone Number	Name of pet(s) seen	Person's FULL name under which the pet(s) is/are listed	What year(s) was/were pet(s) seen

***** PLEASE CALL YOUR VET TO RELEASE INFO TO LORI REYNOLDS******We do call for a vet reference***I understand that Grove City Area Pet Rescue will contact my veterinarian(s) and, if appropriate, my landlord.**I authorize my veterinarian(s) to provide Grove City Area Pet Rescue with information related to any current or past pets I may have had.**I authorize my landlord to provide Grove City Area Pet Rescue with information relating to the permissibility of housing a pet in my rental unit if applicable.*

Signature: _____

Printed Name: _____

Date: _____

Thank you for taking the time to complete this important questionnaire!