

Tattered Tails Animal Rescue, Inc. - (610) 573-3457 - TTARescue15@gmail.com - WWW.TTARescue.com

Shannon Eichner: President - Charles Eichner: Vice President

Heather Davis: Secretary/Managing Director – Shannon Kuzma: Foster Coordinator – Sharon Eichner: Treasurer

Feline Adoption Application

In order to be considered as a guardian you must first be at least 18 years of age, have a valid state-issued photo ID showing your current address and have verifiable consent from your landlord. In an effort to assure more satisfactory guardianship, we ask your cooperation in the completion of this application. Just as there are guidelines for the adoption of a child, there are guidelines for the placement of animals. Although **TTAR** eagerly seeks the prompt placement of our animal residents, experience has shown that some situations are not consistent with the welfare of the animal. Unsatisfactory placements can result in an unpleasant experience for your family and many times can traumatize the pet. We reserve the right to refuse any placement we consider unsatisfactory. This is not a reflection on you personally, but simply that a particular pet may not do well in your situation. We feel our experience in this area must be our guide to a successful adoption.

Name of Feline:

Age of Interest:				
Personal Information:				
Name:	Date:			
Driver's License/ID Number:				
Address:	City,S	tate,Zip:		
Home Phone:	Cell: _	Cell:		
Email:	Number of Adults	Number of Children & Age:		
Two Personal References—Non Fa	mily Member that you have know	n at least 1 year		
Name:	Relationship to Applicant:			
Name:Phone Number:	How long have you known this	s reference?		
Name:Phone Number:	Relationship to Applicant: How long have you known this	elationship to Applicant: How long have you known this reference?		
Household Information:				
Do you live in a: ☐ House ☐ Apar Do you ☐ own or ☐ rent (landlord's na Household activity level: ☐ Quiet ☐	me & number: Average □ Active	_)		
Does anyone in household have allerg	gies to cat(s) ☐ Yes ☐ No			





Tattered Tails Animal Rescue, Inc. - (610) 573-3457 - TTARescue15@gmail.com - WWW.TTARescue.com

Shannon Eichner: President - Charles Eichner: Vice President

Heather Davis: Secretary/Managing Director – Shannon Kuzma: Foster Coordinator – Sharon Eichner: Treasurer

Veterinarian Information	<u>n</u>				
List all current and previous	ous pets (last 5	yrs):			
Type of Animal	<u>Age</u>	Sex (M/F)	Neutered (Y/N)	Still in household (Y/N)	
					
Veterinarian:		 Pets	Vaccinations Curre	nt: 🗆 Yes 🗆 No	
General Information					
 (including spayin Are you willing & Have you ever ac Why do you wan Prefer a Mal 	g or neutering, able to provide dopted a pet be to adopt a cat e 🗆 Female	annual exams, 8 e a proper home fefore? ☐ Yes ☐ f? ☐ Companion cat	vaccinations)? If vaccinations)? If vaccinations)? If value its enting to the value its enting to you or another the value its enting to you or another value its entire value value value its entire value its entire value its entire value value value value its entire value valu	re life? □ Yes □ No er cat	
• • •	Tattered Tail	s Animal Rescu	e (TTAR) reserves th	nt address, and written permission ne right to contact individuals and	
o the best of my knowledget checks do not correspo				e. I understand that if reference or y be declined.	
Applicant's signature:			Date:		
Signature of Volunteer					

