

## **Adoption Application**

Thank you for your decision to adopt a rescued cat or kitten!

All cats/kittens leaving store after adoption MUST be in cat carrier WITHOUT exception!

I am interested in adopting	Cat's/Kitten's Age	Date
Purrfect Love Cat Rescue (PLCR) reservequirements for adoption and the need guarantee approval. Any false information must be 21 years or older.	ls of the applied for cat/kitten. Comple	etion of the application does not
PART ONE: CONTACT INFORMA	ATION (This information is confider	ntial and for PLCR use only)
Name	Address	
CountyCity	State	Zip
Please check the following to indicate	type of residence:	
House □ Apartment □ Mobile H	Iome $\square$ Condo/Townhome $\square$	Rent $\square$ Own $\square$
Email Address	Home Phone	Alternate Phone
Employer	Work Phone	
Your Age	Are you currently a stude	ent?
How long have you lived at the above	address? Years	Months
If less than a year, provide previous ad	dress and length of occupancy:	
If you rent, please complete the follo	wing:	
Landlord	Contact	Phone
Are pets allowed? Yes $\square$ No $\square$	Is a pet deposit required?	Yes □ No □
If yes, has the pet deposit been paid?	Yes □ No □ (PLCR will verify page 1)	ayment before approving adoption)
Number of household members	Ages of children under	18
Will the adopted cat or kitten reside wi	th you at your current residence?	Yes □ No □
If not, where and with whom will the c	at/kitten reside?	
Veterinarian Reference (Current or p	revious) Please verify current/previo	us pet's name
Vet's Name		Phone

## PART TWO: PET CARE INFORMATION

Who will have financial responsibility for providing	necessary veterinary care?		
Who will have responsibility for daily care and feed	ing?		
Are you aware of the necessary annual vaccinations for cats?		Yes □	No 🗆
Have you ever owned pets? Yes $\square$ No $\square$	Do you currently own pets?	Yes □	No 🗆
If yes, what kind and how many?			
Are your current pets spayed/neutered? Yes □ No	☐ If no, please explain		
Where will this cat be kept? INSIDE $\square$	UTSIDE ☐ INSIDE/OUT	ΓSIDE □	
Do you plan to declaw this cat? Yes $\square$ No $\square$ D	o you promise to spay/neuter this	cat? Yes	No □
Are there any circumstances in which you would give circumstances:	-	If yes, ple	ease explain what
If you are away for an extended period of time, expl	ain how you will provide care for	r the cat:_	
Do all household members want a cat? Yes □ No	☐ Do any members have allerg	ies to cats	? Yes 🗆 No 🗆
Are you prepared for common cat behavior problem	s, such as clawing or litter box ac	cidents?	Yes $\square$ No $\square$
What methods, if any, do you plan to use to disciplin	ne your cat?		
Some cats require weeks or months to acclimate to t allow for this adjustment period? Yes $\square$ No $\square$	•	pets. Are	e you willing to
Cats require a minimum of one physical exam each recommended by a veterinarian plus additional veter estimated average annual medical cost for a young, you able and willing to cover these costs? Yes	rinary visits/care should the cat be healthy cat is \$150-\$250 and for	ecome inj	ured or ill. An
PART THREE: TERMS, SIGNATURE, AND R	ELEASE. Please initial each sect	tion.	
I understand that adopting a cat/kitten is a land respect for the rest of his/her life.	ifetime commitment, so that the o	at receive	es attention, care,
• have the ability	stable environment for the cat, y to pay for medical care, as well I enough health to care for the car	as basic n	ecessities, and
I hereby grant permission for any veterinary PLCR to discuss information related to my ownersh	•	an employ	/ee/volunteer of
I understand that, to assist us in continuing	our rescue work, the \$125 adopti	on fee is r	onrefundable.
I affirm that the information on this application is that any incorrect information or omissions are g			owledge and
Signature	Date_		
To be completed by PLCR: Reviewed by	Date_		