**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 of Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age of Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Information:**

Name: Date of Birth:

Address: City,State,Zip:

Home Phone: Cell:

Email: Number of Adults \_\_\_\_ Number of Children & Age: \_\_\_\_\_\_\_\_\_\_

**Two Personal References—Non Family Member that you have known at least 1 year**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you known this reference? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you known this reference? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information:**

Do you live in a: 🞏 House 🞏 Apartment 🞏 Mobile home

Do you 🞏 own or 🞏 rent (landlord’s name & number):

Household activity level: 🞏 Quiet 🞏 Average 🞏 Active

Does anyone in household have allergies to cat(s) 🞏 Yes 🞏 No

**Veterinarian Information**

List all current and previous pets (last 5 yrs):

Type of Animal Age Sex (M/F) Neutered (Y/N) Still in household (Y/N)

**Veterinarian (name & number):**

Pets Vaccinations Current: 🞏 Yes 🞏 No

**General Information**

* Animals are given basic medical care and health check, however there is always a chance that the cat has an undetected illness. Are you willing and able to provide proper food and veterinary care (including spaying or neutering, annual exams, & vaccinations)? 🞏 Yes 🞏 No
* Are you willing & able to provide a proper home for the cat for its entire life? 🞏 Yes 🞏 No
* Why do you want to adopt a cat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer a 🞏 Male 🞏 Female cat
* Have you ever adopted a pet before? 🞏 Yes, If yes, Name of Rescue? 🞏 No
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you ever surrendered, returned, lost, or given up any previous pet? 🞏 Yes, If yes, why? 🞏 No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants must be 18 years of age (or older), have a valid photo ID with current address, and written permission from landlord to own a pet**. Tattered Tails Animal Rescue** **(TTAR)** reserves the right to contact individuals and verify all information, including conducting a home visit and vet check.

To the best of my knowledge, the information provided is complete and accurate. I understand that if reference or vet checks do not correspond with the information provided, my application may be declined.

***Applicant’s signature***: ***Date***:

***Signature of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***