

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 or 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

Do you currently have an application to adopt submitted to another rescue or shelter? Yes() No ()

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 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 _____

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!