



Date & Time: _____

CAT ADOPTION APPLICATION

Cat's Name: _____

Cat's ID#: _____

PLEASE FILL OUT THE FOLLOWING APPLICATION IN ITS ENTIRETY. NOTE: WE DO NOT GIVE REFUNDS ON ADOPTION FEES.

Name: _____

Address: _____ City _____ State _____ Zip _____

County: _____

Home Phone: _____ Cell Phone: _____ Work phone: _____

E-Mail Address (Please write clearly): _____

Place Of Employment: _____

Drivers License/State ID number: _____

Do you live in a: House _____ Apartment _____ Trailer _____ Town Home _____

Do you: Own _____ Rent _____

If you rent what is your landlord's name and phone number? _____

Are you In the process of moving, or anticipate moving in the next few months? Yes _____ No _____

Do you live with your parents? _____ Are you 18 years of age or older? _____

How did you hear about us? Newspaper ___ www.delcospca.org ___ Facebook ___ Twitter ___ Friend/Family Member ___

Petfinder.com ___ Overstock.com ___ AdoptaPet.com ___ Craigslist ___ Other online site [specify]: _____

Offsite location (Petco, Best Buy, etc) [specify location] _____ Other _____

Why are you choosing to adopt from the Delco SPCA? _____

What other places have you visited when looking for a pet? Pet Store _____ Newspaper _____ Other shelter (s) _____ - please specify where _____

ADOPTION INFORMATION

What is your past and/or current experience with cats? _____

1ST time owner _____ Have had 1 or 2 cats as an adult _____ Had a cat as a child _____ Have had more than 3 cats as an adult _____ Experienced in resolving behavior issues _____ Frequently care for friends' cat(s) _____

What kind of characteristics are you looking for in a cat/kitten? _____

Have you adopted from the Delco SPCA before? _____ If yes, where is the pet now? _____

Why are you choosing to adopt an animal? _____

Who will care for this cat primarily (feeding, playtime, vet visits)? _____

Do you plan to: Keep strictly indoors? _____ Let out in fenced-in yard or on a leash? _____ Let outside at his/her leisure? _____

Declaw this cat? _____ Train to do tricks? _____ Keep confined to one area of the home? _____

Have you ever surrendered or given away any pet to an animal welfare group, private rescue or individual person? _____

If so, please explain the circumstance:

What are some reasons you would relinquish this cat back to the SPCA, e.g. human aggression, animal aggression, incurable elimination problems, moving, having a baby, cannot afford any longer, etc.?

PREVIOUS AND CURRENT PET INFORMATION

Have you ever had a pet: Run away ____ Get hit by a car ____ Die in your care? ____ Kept as an outdoor pet? ____
If so, please explain: _____

Have you ever: Given/sold an animal to a family member ____ Given/sold an animal to other person ____ Declawed a cat ____
Bought an animal from a breeder ____ Given an animal to a rescue or other animal welfare society (please list the organization(s))? _____

If yes to any question above, please explain?

What pets do you currently have or have had in the past THREE years in your household?

Were previous pets taken to the vet annually? ____ Are your pets spayed/neutered? ____ Were previous pets spayed/neutered? ____ If no, Please explain why? _____

Who is your veterinarian? _____

Please provide their address and phone number: _____

Would the records be under another name other than the one provided on the front of this application? _____

If so, please provide the full name: _____

Do you have other veterinarians that may have records for your current or past pets? ____ If so, please provide their name, address and contact information: _____

HOUSEHOLD INFORMATION

Please list the names and ages of all people living in the home and their relationship to you

(Spouse/Partner/Roommate/Daughter)? *Failure to fully disclose this information will result in immediate adoption denial.*

Name and Age: _____	Relationship: _____
Name and Age: _____	Relationship: _____
Name and Age: _____	Relationship: _____
Name and Age: _____	Relationship: _____
Name and Age: _____	Relationship: _____
Name and Age: _____	Relationship: _____

Do children (not in the immediate family) ever visit your home? ____ If so, how often: _____
Age(s) of the children: _____

Are you willing and able to supervise your new pet at all times around any children in your home? _____

Does anyone in the household have allergies to any kind of animals? ____ If YES, have they consulted with their doctor about getting an animal? ____ If YES, are they taking medication? _____

Are you In the process of moving, or anticipate moving in the next few months? Yes _____ No _____

If you ever move, have you considered that another place may not allow pets? What will you do if this happens?

How would you describe your household? Active _____ Noisy _____ Quiet _____ Average _____

NEW PET INFORMATION

Please understand that it may take a new cat 2 weeks or more to adjust to a new home and/or to other pets and visitors.

Where will you keep this cat? (Check ALL that apply) Free run of house _____ One room in house _____ Inside Cat _____
Outside Cat _____ Inside/Outside cat _____ In Garage _____ Yard with a fence _____ Basement _____
Other (Please explain) _____

Where will the cat be kept during the day? _____ At night? _____

How many hours will it spend alone? _____

Where will it be kept when its alone? _____

Why do you want a cat: (Check ALL That apply) House Pet _____ Mouser _____ Breeding _____ Companionship _____

Travel Companion _____ Gift for friend or relative _____ Other (Please explain) _____

Will this cat ever be allowed outdoors? YES _____ NO _____ If yes under what conditions and why?

I certify that I have read this questionnaire and that all information I have given is true and accurate, and that I understand that any falsification may result in the nullification of an adoption.

Signature

Printed Name

Date

PLEASE REMEMBER: We get NO COUNTY, STATE OR FEDERAL FUNDING. We operate solely on DONATIONS and ADOPTION INCOME!

Note: You must be present at shelter to be approved for adoption! We do not accept applications by e-mail or fax.

*****The Delaware County SPCA reserves the right to deny any adoption.*****

NOTES (for staff use only):

FOR OFFICE STAFF ONLY (please initial and date)

Adoption Counselor(s): _____

DNA Check _____ Home ownership/Landlord Approval _____ Vet Check _____ ID Check _____

Family Verification _____ Read behavior notes _____ Read all relevant previous history from memopad _____ Printed

and reviewed health records _____ Microchip Check _____

Areas of emphasis that were counseled for this pet: Indoor/Outdoor concerns _____ Vet concerns _____ Declawing _____

Confining _____ Kid restrictions _____ Animal Restrictions _____ Work schedule _____ Pet's activity level/exercise

needs _____ Medical conditions _____ Other _____