**PLEASE COMPLETE THIS FORM TO APPLY TO ADOPT A KITTEN FROM**

**COMMUNITY SPAY-NEUTER CLINIC**

**Thank you for your interest in adopting a new pet! Please note that many of our pets have more than one family applying to adopt. Applications are considered in the order they are received. Please note any application may take up to a week for a response. If you have not heard from our staff within a week of submitting an application, please call us M-W at 721-8395.**

**First Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Physical address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Mailing address (if different):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am looking for a :** Kitten Young adult cat Adult cat No preference

**Do you have a specific animal in mind?:** Yes: \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_** No

**Is this your first experience with a pet?**  Yes N No

**Why do you want to adopt a pet?** (check all that apply)

 Companion Barn cat/mouser Breeding Gift

 Family Pet  Companion for other pet Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you own any pets at the present time?** Yes (please complete information below) No

**Name Breed/species Age Neutered? Declawed?**

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**Please indicate your veterinarian’s name, address, and phone number:**

**How many dogs or cats have you owned in the past?** Dogs \_\_\_\_\_\_\_ Cats\_\_\_\_\_\_\_\_\_\_

**Where do you currently live?**

House Apartment Mobile home Condo Townhouse Own Rent

**If you rent, does your lease/landlord allow pets?** Yes No

**If you rent, please provide contact information for your landlord/rental company below.**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long are you away from home on an average day?**

Home all day Out part-time Away 7-10 hours/day

**Can you commit to keeping your new pet indoors exclusively?**  Yes No

**Do you plan to have your cat/kitten declawed** YesNo

**What will you do if your cat/kitten claws furniture or shows other destructive behavior?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information:**

No. of adults \_\_\_\_\_ No. of children \_\_\_\_\_\_\_ Ages of children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do all adults know that you plan to adopt a pet?** Yes No

**Who will be responsible for the care of this pet?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many hours per day will your pet spend alone without human companionship?**

 0 1-3 4-6 6-8 8-12 10-12 12+

**Where will your pet be kept when you’re not home?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about our adoption services?**

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I hereby certify that the above information is true to the best of my knowledge. I understand that giving false information on this Adoption Application will be grounds for denying my application. This application shall remain the property of Community Spay-Neuter Clinic.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adopter’s Signature**  **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adopter’s Printed Name**

**For Shelter Use Only – Do Not Write Below This Line – Thank You**

Animal being considered:

 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_

Caution file: Yes No Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord approval: Yes No Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence check: Yes No Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinary reference: Yes No Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval: Yes No Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adoption Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_