

Name: _____

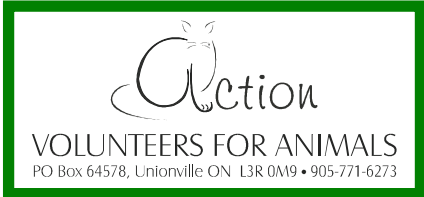
Address: _____

Phone: _____ **Res:** (____) _____

Bus: (____) _____

Email: _____

Driver's License: _____



ADOPTION APPLICATION

Pet(s) Named: _____

Further Identifying Features:
(Breed/Color/Sex): _____

1) Why do you want a cat?

2) Are you interested in an
 a) indoor cat? ____
 b) indoor/outdoor cat? ____
 c) outdoor cat? ____

3) Do you rent or own your home? ____
 If you rent will your landlord accept an animal living in your home? ____

4) State whether you presently live in a house ____ condo ____ apartment ____
 Answer the following questions, if you live in an apartment:
 a) Does your apartment have a balcony? ____ what floor? ____
 b) Is the balcony enclosed from top to bottom? ____
 c) If the balcony is enclosed only partially, are you interested in enclosing it entirely? (The cost of enclosing an average balcony is approximately \$100) ____

5) If you have children, answer the following questions:
 a) How many children live in your home? ____
 b) What are the ages of your children? ____
 c) Do your children's friends that commonly visit have pets? ____ or allergies? ____

6) If children other than your own visit regularly, give their numbers and ages: ____

7) Do all the adults currently living in your home agree with the adoption of this pet: ____

8) Is an adult home during the day? ____

9) Do cleaning personnel or childcare workers visit regularly? ____

10) If you have had a pet before please answer these questions:
 a. What type of pet was it?

b. How long did you have the pet?

c. What happened to the pet?

d. If your pet died, what was the cause of death?

e. How long has it been since you have had a pet? ____

11) If you or your roommates currently have pet(s) please describe his/hers/their personality:

12) If you have or had a cat, what cat food (brand name) did you or are you giving to your pet?

13) For what time period would your cat or kitten be left alone to rest or wait for you?

14) Do you have a friend or relative who would look after your pet/pets when you have to be away from home? _____

15) At what age would you spay or neuter your cat? ____

16) If anyone in your house suffers from cat allergies, answer the following questions:

a) How are you going to live with a cat?

b) What if the allergies get worse?

17) What would happen if anyone in your household were to develop a cat allergy?

18) Are you planning on declawing your cat(s)? ____

19) Do you think you will have sufficient income to meet the occasional extraordinary costs of caring for your pet? ____

20) Is there anything else you would like AVA to know about your home before we consider your application?

21) Provide the following information regarding your veterinarian:

Name: _____

Address: _____

Tel. No.: _____

Name of pet that visited above vet _____

Permission to contact vet.: _____

(signature of applicant)

(signature of applicant)

(date)

For Office Use Only

Adoption approved: _____ Denied _____

Names of Pet(s) adopted: _____

Date: _____

Vet checked by: _____ Date _____

Comments: _____
