

RCHS ****CAT**** PRE-ADOPTION APPLICATION

PLEASE PRINT CLEARLY

Name		Date
Address	Apt/Unit#	Tel# Home
City	State	ZIP
		Cell
		Work
Driver's License #	State	Email

Are you .. (check one) under 21 21-25 26-35 36-59 60+ Senior discount may apply

Are you a college student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is everyone present today? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Who is not present today?
How many adults in the household?	Do you have children who visit? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many children under 18? _____ Ages: _____	Have you adopted from us before? <input type="checkbox"/> Yes <input type="checkbox"/> No
What has happened to the pets you have owned in the past 5 years?	

RESIDENCE INFORMATION

Background checks are completed re: home ownership and rental approval.

Type of home Check one <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Military Housing <input type="checkbox"/> House <input type="checkbox"/> Live with Parents <input type="checkbox"/> Other _____
Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No For how long? _____ years _____ months <i>If you own your condo/town home please check with your homeowners' association regarding their pet policy</i>
Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No How long have you lived at your current address? _____ years _____ months
Are there pet weight or breed restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____

FAMILY INFORMATION

Is this cat for? → Check all that apply <input type="checkbox"/> Yourself <input type="checkbox"/> Family Pet <input type="checkbox"/> Companion for pet at home <input type="checkbox"/> Your children <input type="checkbox"/> Gift <input type="checkbox"/> Catching rodents
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Who will ultimately be responsible for the feeding, socialization and training of this cat? →	Please print clearly
Under what circumstances would you not keep this cat? →	Please print clearly
Describe the personality of your ideal cat. →	Check all that apply <input type="checkbox"/> Active <input type="checkbox"/> Mellow <input type="checkbox"/> Cuddly <input type="checkbox"/> Independent <input type="checkbox"/> Couch potato <input type="checkbox"/> Social butterfly <input type="checkbox"/> Frisky <input type="checkbox"/> Tolerant

On a scale of 1-5 circle your Family's activity level
Couch potato 1.....2.....3.....4.....5 Super Sonic!

Would you like information on any specific behavior or training issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____	How many animals do you have at home? Dogs _____ Cats _____ Rabbits _____ Other _____
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Please list all pets residing at your home (include roommate's pets)

Breed/Type	Age	Sex	Spayed or Neutered		Time Owned	Where is pet kept
		F M	Yes	No		
		F M	Yes	No		
		F M	Yes	No		
		F M	Yes	No		
		F M	Yes	No		

Do any members of the household have allergies specific to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Check one</p> Do you prefer a de-clawed cat? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan on de-clawing this cat? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided Under what circumstances would you decide to de-claw? _____ _____
Time away from home (check one) <input type="checkbox"/> Mostly home all day <input type="checkbox"/> Out part time (4-6 hrs) <input type="checkbox"/> Away for 8 or more hours	<p>Check one</p> Have you litter box trained a cat/kitten before? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you trained a cat to use a scratching post? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you introduced a new cat to resident pet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how did you introduce them? _____ _____
<p>Check one</p> Where will this cat live? <input type="checkbox"/> Inside house only <input type="checkbox"/> Inside & Outside <input type="checkbox"/> Outdoors only <input type="checkbox"/> Other _____ Where will this cat sleep? <input type="checkbox"/> Inside the house <input type="checkbox"/> Outdoors <input type="checkbox"/> Garage <input type="checkbox"/> Other _____	When do you anticipate these changes in lifestyle: <ul style="list-style-type: none"> • Moving _____ • Having children _____ • Acquiring other pets _____ • Other _____

Name(s) of CAT(s) you are interested in meeting:

PLEASE READ THE FOLLOWING CAREFULLY

I hereby certify that the above information is true. I understand that any falsification discovered during the adoption process may result in the nullification of this adoption.

I understand that this cat may live 15+ years and I am prepared to give it the medical and emotional care and support that it needs. In addition, I understand that cat expenses ie food, medical care, vaccinations, and supplies may average \$1,200+ annually.

Adoptions are based on best match, thus this application may not necessarily result in the adoption of the animal(s) listed above. Please know that the staff at RCHS strive to achieve the most successful match for both cat and prospective family.

BY SIGNING BELOW I ACKNOWLEDGE HAVING READ THIS APPLICATION, ANSWERED ALL QUESTIONS AND FULLY UNDERSTAND THE RESPONSIBILITY OF ADOPTING A PET.

Applicant's Signature _____

Date: _____

TO BE COMPLETED BY RCHS STAFF

Date: _____ Staff Initials _____

Approved

Denied

Comments: