

Street Cat Rescue Adoption Application

Today's Date _____ You are applying for _____

Full Name _____
Street Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Fax _____ E-Mail Addr. _____

You currently reside in a: House _____ Apartment _____ Mobile Home _____ Condo _____
How long have you lived at the above address? _____
Do you rent or own? _____
If renting, does your lease allow pets? _____
If renting, please provide Landlord name and phone number _____

If less than one year and you are renting, where did you live before? (complete address and phone information) _____

Please list the following information for all persons living in your household, including yourself.

Name	Age	Employer and Occupation	Work Schedule	Drivers Lic #

Is everyone in your household aware of and agreeable to your interest in adopting? _____
Do you or anyone in your family have animal allergies? _____
Do you have physical limitations? _____

Where will the cat be kept? Indoors _____ Outdoors _____ Both _____
If both, how many hours of the day or night will cat be kept outdoors? _____
What will you do with the cat when you go on vacation?

If you or your spouse became pregnant, would you consider re-homing your cat?

What arrangements would you make for your cat in the event of your death?

Do you plan to declaw? Yes _____ No _____ Only front claws _____ All four Claws _____
What would you do if your cat scratched your furniture? Children?

If you were not planning on declawing, what would be reasons that would make you reconsider and declaw? _____

What do you expect to spend on yearly maintenance of your cat? (food costs, litter, personal items, i.e toys, bedding, etc and veterinary expenses) \$ _____

Will you feed your cat: Dry Canned Both Don't know

What brand(s) do you/will you feed? Dry: _____ Canned: _____

If your cat became ill and veterinary costs became high, what would you do?

What would be reasons you would consider euthanizing your cat? _____

What would be reasons you would consider re-homing your cat?:

- Having a baby Getting married or divorced Allergies Scratches furniture
 Too expensive Children won't take care of it Fleas Sheds too much fur
 Found a new place to live and they don't allow pets Girlfriend/Boyfriend doesn't like cats
 Other: _____

Have you ever turned an animal in to a shelter? _____

Have you ever re-homed a cat or released one outdoors? _____

How many animals have you had as an adult? _____

How many currently live with you? _____

If they no longer live with you, what happened to them? (ie died, rehomed, euthanized, etc) Please explain at length and in detail the specifics of each animal and its outcome, including age, circumstances, expected/unexpected, etc. _____

If you have never had a cat of your own, why do you want one now? What history or experiences have you had with cats? _____

Do you have any pets at the present time? Yes _____ No _____

If yes, please provide the following information:

Breed Age Current on Shots Spayed/Neutered Clawed/Declawed

Who is your veterinarian? Please provide complete address, phone number and fax if known _____

Street Cat Rescue is dedicated to placing our cats in the best homes possible. We will carefully screen our adopters to find the best match possible for both the adopter and the cat. When we adopt out a cat, we expect the home they are going to will be permanent. I certify that the above information is true and accurate and understand that false information or lack of full disclosure of pertinent information may result in rejection of my adoption application. I understand that no cat is "on hold" for me.

Donna Powell with Street Cat Rescue, at her sole discretion, reserves the right to deny, refuse, or reject any application for any reason we deem necessary.

Incomplete Applications Will Not Be Processed.

Signature_____

Date_____

Please fax or mail completed application to: Street Cat Rescue- P.O. Box 2524, Round Rock, Tx 78680-2524
(512) 762-3597 Fax : 512-832-6330 email: streetcatrescue@earthlink.net

All information is confidential
THANK YOU FOR YOUR ASSISTANCE!
Please fax completed form to (512)832-6330 Attn: Donna Powell

Veterinary Records Release Authorization

Client Name_____

Home Address_____

_____Home

Phone_____Work Phone_____

Please release any and all veterinary records and information pertaining to my past and current pets to Street Cat Rescue/Donna Powell for purposes of obtaining a veterinary reference.

Client Signature_____Date_____