



Adoption Application

Please understand that not all families and pets are compatible. Every effort is made to match traits exhibited by an animal with characteristics you desire in a pet. Our goal is to ensure the well being of the cat by only placing pets in the best possible homes.

To be considered as an adopter you must be:

- 21 years of age or older and have photo identification showing present address
- Willing and able to invest the time and money necessary to provide proper care for the pet. Estimated minimum cost annually: \$600 per cat
- Prepared to pay an adoption fee. Standard adoption fee is \$100, though Save A Purrfect Cat Rescue (SAPCR) reserves the right to increase the fee for purebreds or any cat deemed necessary. Adoption fee is non-refundable, except at the discretion of SAPCR.

Name: _____ E-mail: _____

Address: _____ City/State _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Do you live alone with a spouse with friends with relatives

Number of adults? _____ Number of children? _____ Ages of children? _____

Does anyone have known allergies? Explain: _____

Do you: Own Rent House Condo Apartment Mobile Home Townhome

Name of Apartment Complex: _____

Landlord's name / Phone: _____

If you do not own, do you have your landlord's permission to have a pet? No Yes

Is a deposit required? No Yes Has it been paid? No Yes

What restrictions on size and/or number of pets apply in your subdivision or apartment? _____

Do you operate a business in your home? No Yes Type? _____

Which cat or cats are you interested in? _____

ANIMAL CARE INFORMATION

Why do you want to get a pet? _____

How long have you considered this decision? _____

Do all adults agree to this adoption? _____ Who will be responsible for care of this pet? _____

Where will this pet be kept during the day? _____ At night? _____

Where will this pet be kept when you go on vacation? _____

How many hours per day will this pet be left with no one home? _____

Where will it be kept? _____

Some of the cats that Save A Purrfect Cat Rescue places were strays or abandoned. Are you willing to invest the time and effort required to allow this pet to adjust to its new home? No Yes

How long seems reasonable for this? _____

Under what circumstances would you give up your pet? _____

If you had to give this pet up, what would you do with it? _____

If this pet were lost, what would you do? _____

What would you do with the cat if you moved? _____

Some animals may require medical attention. Are you willing to provide this? _____

List all pets you **currently** have in your household:

Species/Breed	Spayed/Neutered?	Sex	Age	Vaccines Current?	Kept where?

Please list any pets owned in the last 2 years, and tell us where they are now. _____

What veterinarian do you or will you use? _____ Date of last visit? _____

Do you consent to SAPCR contacting your veterinarian for a reference? No Yes

Please explain why you picked the animal you are applying to adopt. _____

Have you ever owned a cat or kitten? No Yes

Why do you want a cat/kitten? Family Pet Companion for current cat Mouser

Are you aware that cats/kittens often jump on furniture and tables? No Yes

It is a natural instinct for cats to sharpen their claws (i.e.: scratch carpet/furniture). What methods would you use to deter such behavior? _____

Are you willing to invest a reasonable amount of time and money to deter such behavior? If so, how long and how much? _____

Cats often take time to adjust to new surroundings and/or existing pets. What do you consider a reasonable adjustment period for your new cat? _____

Do you have a pet door? No Yes

Cats often live 18+ years. Are you prepared to make this commitment? Yes No

I certify that the above information is true and correct. I understand that false information may result in nullifying this adoption. SAPCR reserves the right to deny adoption to anyone.

Signature of Applicant: _____ Date: _____

Signature of SAPCR Counselor: _____ Date: _____

CLICK TO SUBMIT

For Save A Purrfect Cat Rescue use only: Approved Denied

Follow up _____ / _____ / _____

SAPCR Counselor

Date

Notes: _____