



CAT ADOPTION APPLICATION

Our Companions Animal Rescue (860) 242-9999

| |
|---------------------|
| Adoptive Pet's Name |
| Volunteer Contact |

Our Companions is a 501c3 nonprofit organization that provides services to help pet owners re-home their pets. Our goal is to prevent animals from ending up in shelters. Please note: The pet you are applying for may not be legally owned by Our Companions and the adoption may be subject to the owner's discretion. Our Companions role is often to assist with the adoption between two private parties. It can take up to a week to review your application and we'll contact you within that timeframe. Thank you for your interest in adopting a cat!

| PLEASE PRINT | | APPLICANT INFORMATION | | | |
|--|-----|-----------------------|-----------------|-------------------|---------------------|
| Last Name | | First | | Middle | Date of Application |
| Home Address | | | | City | |
| State | Zip | Employer | Your Occupation | Work Hours/Days | Years employed |
| Home Phone Number () | | Business Phone () | | Cell Phone () | |
| E-Mail Address | | | | | |
| Name of <u>additional</u> responsible adult in household | | | Occupation | Phone () | |

| Check <input checked="" type="checkbox"/> | | HOUSEHOLD INFORMATION | | | |
|--|--|---|--|--------------------------------|--------------------------------------|
| Rent <input type="checkbox"/> | Single Family House <input type="checkbox"/> | Multi Family House <input type="checkbox"/> | Apartment <input type="checkbox"/> | Condo <input type="checkbox"/> | Mobile Home <input type="checkbox"/> |
| Live with Friends/Family Members <input type="checkbox"/> | | Other (explain) | | | |
| Landlord's Name/Condo Association Info | | Landlord's/Condo Phone Number () | | Does your lease allow cat(s)? | |
| Length of time in current residence? | If less than 1 year, please provide previous address and length of time at that residence. | | | | |
| How many adults in your household? | | Children? | Ages of children: | | |
| If moving becomes necessary, what will you do with your pet/s if you cannot find a residence that allows pets? | | | | | |
| Are any members of your household allergic to animals? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> | | | | | |
| Does everyone in the household agree with adopting a cat? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Is this cat a gift? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

| VETERINARIAN INFORMATION (Notify your vet to give permission to speak with us) | | |
|---|-------|----------------------------|
| Name of your Veterinarian | | Name of clinic or hospital |
| City | State | Phone Number () |
| Please list any other vets/ vet hospitals, 24-hour emergency clinics or vaccine clinics that you have used for your current or recently deceased animals. | | |

| PERSONAL REFERENCES (Maximum of one family member please) | | |
|---|---------|---------------------|
| Reference #1 – Name | Address | Phone Number () |
| Reference #2 – Name | Address | Phone Number () |

OTHER PETS

List pets that you own, or have owned, in the past 5 years:

| Type of Animal/Breed | Name | Age | Sex | Spayed or Neutered ? | Still own? (if no please explain) |
|-------------------------|------|-----|-----|--|-----------------------------------|
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Have your cats been tested for feline leukemia?

Yes No N/A

Do any of your cat(s) in the home go outdoors?

Yes No N/A

Have any of your cats been declawed?

Yes No

Do your pets receive yearly wellness exams?

Yes No

Have your cats been tested for FIV?

Yes No N/A

Are all your pets up to date with vaccines?

Yes No N/A

Do you plan to have the adopted cat declawed?

Yes No

ADDITIONAL INFORMATION

Why are you interested in adopting a cat at this time?

Companion to me/family Companion for another pet Hunting /Mouser For Breeding

Other (If other, explain)

If you are interested in a kitten under 4 months old, would you be interested in adopting two? Yes No

What age cat are you looking for?

Kitten Adult Senior

Do you have a room with a door where your new cat could be kept separate from other animals during the transition into the home?

Yes No

What type of **personality** and **activity level** would you prefer your new cat/kitten to have?

Please Describe

Do you prefer?

Male Female Doesn't matter

Do you prefer?

Short hair Long hair Doesn't matter

Is there any breed, color or markings that you are specifically interested in? If so, please explain.

How many hours per day will the cat/kitten be without companionship? *hrs*

Where will the cat/kitten be kept during this "alone" time?

Where will your cat sleep at night?

Where will you primarily keep your new cat/kitten?

Indoors Only Indoor/Outdoor Outdoor

Where do you plan to keep your litter boxes?

Are you planning to start a family?

Yes No Not sure

Who will be primarily responsible for the care of this cat?

| | |
|---|---|
| What is the activity level in your home? <input type="checkbox"/> Quiet - 2 or less adults/seniors, no children, applicant(s) home most days. <input type="checkbox"/> Calm - Applicant(s) often home, 3 or less family members residing in the home, no young children. <input type="checkbox"/> Moderate - Applicant(s) work typical schedule (5 days per week, home most weekends). <input type="checkbox"/> Active - Frequent visits by friends/family, multiple children, other pets, busy weekends – time spent out of the home | |
| How much would you estimate expenses to be for 1 year? Supplies \$ Vet \$ | What type of food would you feed your cat/kitten and how often? |
| What arrangements would you make for the care of your cat/kitten when you go on vacation? | |
| Do you think your pet should have a yearly physical exam? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> | |
| Do you believe you can provide a good home for your pet for its entire lifetime, which could be up to 20 years or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> | |
| Describe under what circumstances might you decide not to keep your cat or kitten? (Check all that apply) New Job <input type="checkbox"/> New Baby <input type="checkbox"/> Problem with cat's health <input type="checkbox"/> Conflict with other household pets <input type="checkbox"/> Moving <input type="checkbox"/> Monetary Issues <input type="checkbox"/> Problem with cat's behavior <input type="checkbox"/> Illness or Allergies <input type="checkbox"/> Other _____ | |
| What would you do if your cat scratched or nipped you? | |
| How do you plan on training your new cat not to scratch furniture? | |
| Have you ever given up a pet for adoption or surrendered an animal to an Animal Shelter, Pound or Rescue organization before? Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you ever adopted a cat from an Animal Shelter, Pound or Rescue organization before? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Behavior problems can arise for many reasons; most can be solved. Do you agree to seek help and assistance to resolve these issues rather than give up your pet should problems occur? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> | |
| Do you understand why we require our adopted cats to be spayed/neutered? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain. | |
| Would you accept an animal that has a treatable medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure – need further information <input type="checkbox"/> | Would you allow a Rescue representative to do a home visit? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain. |
| How did you hear about Our Companions Animal Rescue? <input type="checkbox"/> Website <input type="checkbox"/> Advertisement <input type="checkbox"/> Vet/clinic <input type="checkbox"/> Family/Friend/Referral <input type="checkbox"/> Adoption/Special event <input type="checkbox"/> Other animal | |
| The following will be discussed when you are contacted: ▶ Adoption Donation ▶ Identification ▶ Adjustment to new home ▶ Litter Box Training ▶ Health Care ▶ Behavior Problems ▶ Declawing ▶ Exercise ▶ Feeding | |

***Remember:** The day you take home a new pet is the day you begin a very special friendship. While you'll have many years together, your companion will never outgrow his/her need for you. We will happily provide information and advice to you on pet care and responsibility. Thank you for taking the time to complete this application. Please send the completed application to:*