Cat & Kitten Adoption Application

ADOPTABLES



CAT ADOPTION AP

DONATE



VOLUNTEER AP



For your information...

FOR SAME DAY ADOPTIONS PLEASE USE OUR ONLINE APPLICATION!

This application will be reviewed by an adoption counselor. SSOH reserves the right to deny any adoption.

Applicants should be prepared to present a photo ID with current address. If different, proof of current address will be necessary.

All family members who will live with the animal need to be present and have interaction with the animal.

Renters will need a copy of lease or verbal confirmation from landlord regarding pet policy. Condo/Townhouse owners will need to present a copy of the bylaws.



SSOH Adoption Application

This application is the property of Serendipittys Sanctuary of Hope [SSOH]

OFFICE USE ONLY
DNA Check by _____

Names of cats you are interested in:

(Adult#1) Last Name:	Fir	st Name:	Birth Date://
(Adult#2) Last Name:	Fir	st Name:	Birth Date: / /
Address:		Home F	Phone: ()
City:	State: Zip:	(Adult#1) Cell F	Phone: ()
E-mail:		(Adult#2) Cell F	Phone: ()
# of Years at Residence: If	at address less than 1 year	ar → Prior Address:	
Type of Property: 🗖 House		Prior City:	
☐ Townhous	e	-	*
Apartment	Do you 🛛 Re	nt \rightarrow Landlord / Complex N	lame:
	-	vn Landlord / Complex P	
Mobile Ho		Are you allowed pets?	
• Other:			D No
(Adult#1) Employer:	Positi	ion:P	hone: ()
(Adult#2) Employer:			hone: ()
			·
Household Information			

# of adults in household:	Relationship(s):				
# of children in household:	Age(s):				
Is anyone allergic to animals?	□ Yes □ No If yes, who and to what type of animal?				
If you have to move in the future, what will you do with your pets?					
Who in the household will be the pet's primary caregiver?					
What are your beliefs regarding spaying/neutering?					

Pet Ownership

Please list all dogs and cats you have owned as an adult (past and present)

Name	Breed	Age	Sex	Neutered	Declawed	Deceased	Where are they if not in household?
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	

Who is your Veterinarian?					_	
Vet's City:	State:	_ Phone: ()		_	
When was Current Pet's Last Vi	isit to a Veterir	narian?/_	/			
Are all your pets up to date on v	vaccinations?	Yes				
		□ No →	Why?			
# of Pet's you have had as an A	dult:					
Have you adopted from SSOH i	n the Past?	$\Box Yes \rightarrow \Box No$	Where is	Animal now	?	

Describe your ideal pet / Why do you want to adopt?

What kind of pet are you looking for?	Where will the cat be when
□ Indoor	you're home?
Outdoor	you re not nome?
□ Indoor/Outdoor	you're asleep?
How will you entertain/exercise your cat?	
How often will you scoop out the litter box?	?
Have you ever clipped a cat's nails?	
Will you declaw your cat? No Yes	(2-paw)
How will you introduce your cat to other an	imals in your household?
How much time are you prepared to allow for	for your new pet to adjust to your home?
Under what circumstances would you not kee	eep or return this cat?
How many hours a day will your cat be alon	ne?
Are you committed to providing a responsib	ble home for your pet's entire life (could be $18 + years$)? \Box Yes \Box No
Have you ever turned an animal in to a shell	ter? Ves No If Yes, why?
Are you prepared to assume the financial re- routine and emergency medical care etc. (ap	sponsibilities of providing your cat with adequate food, training, toys, <i>pprox.</i> $$500+ per year)? \square$ Yes \square No
How did you learn about SSOH?	
 Friend/Family Prior Supporter/A Other: 	Adopter Dewspaper Drive by Dinternet Vellow Pages
Are you willing to sign a legal contract agree	eeing to pet owner responsibility? 🛛 Yes 📮 No

By my signature, I certify that the above information is complete and correct and that I am at least 21 years of age. I realize that any misrepresentation of fact may result in my losing the privilege of adopting an animal. I understand that SSOH has the right to deny my request for adoption. I authorize verification of all statements on this application including but not limited to prior vet medical history. I understand that this application is the property of SSOH who reserves the right to share this information with other shelters and rescue organizations.

Signature

___/__/___ Date