

WHO IS YOUR CURRENT (OR MOST RECENT) VETERINARIAN?

NAME & PRACTICE _____

PHONE NUMBER _____

WHAT BRAND OF CAT FOOD DO YOU PLAN ON FEEDING YOUR NEW CAT? _____

WHERE WILL YOUR CAT SPEND MOST OF HIS/HER TIME? _____

WHERE WILL YOUR CAT EAT? _____

WHERE WILL YOUR CAT SLEEP? _____

PLEASE PROVIDE 3 PERSONAL REFERENCES (ONLY 1 CAN BE A RELATIVE) THAT CAN TESTIFY TO YOUR RESPONSIBILITY AND ABILITY TO CARE FOR YOUR ANIMALS:

REFERENCE #1

NAME & RELATION TO SELF: _____

PHONE NUMBER: _____

REFERENCE #2

NAME & RELATION TO SELF: _____

PHONE NUMBER: _____

REFERENCE #3

NAME & RELATION TO SELF: _____

PHONE NUMBER: _____

PROVIDE ANY ADDITIONAL INFORMATION WE SHOULD KNOW ABOUT YOU:

Initial below:

_____ I attest that all information provided is true and correct to the best of my knowledge.

_____ I agree to ensure my new kittens/cats remain current on all legally required vaccines.

_____ I agree to contact Ace's Sanctuary and Cat Rescue if ever I am unable to provide my new cat/kitten with the proper care it requires.

_____ I understand that the adoption fee is nonrefundable. If I shall chose to return my cat or kitten to the rescue, the adoption fee is forfeited as a donation to Ace's Sanctuary & Cat Rescue.

Signature

Date

SUBMIT TO: acessanctuary@gmail.com

DATE REVIEWED: _____

APPROVED/DECLINED _____

INT: _____

REASON IF DECLINED: _____
