



LAPS AND NAPS

HOME FOR SENIOR CATS

151 NC Highway 9, Ste B #167

Black Mountain, NC 28711

lapsandnaps.org

SENIOR CAT ADOPTION APPLICATION

Laps and Naps Home for Senior Cats Inc. reserves the right to refuse any adoption application. Please understand that completing this application does not guarantee you will be approved. No animals will be placed in the care of prospective adopters who mislead our staff or fail to provide accurate information on the adoption application.

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work Phone:

Email Address:

Date of Birth:

Employer:

Position:

Does your job involve frequent travel?

Yes

No

If Yes, how will you arrange for care of this cat?

In what type of home do you live?

House

Apartment

Condo

Mobile Home

Do you:

Own

Rent

If you rent, does your lease allow pets in your home?

Yes

No

What is the name and phone number of your landlord/property management company?

Name:

Phone:

Please list all of the people living in your household (list additional people in the comments section):

Name	Relationship to You	Age

How would you describe your household? Quiet Average Hectic Other:

If you share your dwelling, are all members of the household in agreement concerning the adoption of a senior cat? Yes No

Are you or anyone in your household allergic to animals? Yes No

If yes, how do you intend to deal with this?

Will this Senior Cat have free range of your home? Yes No

If no, please explain:

Please list ALL pets currently living in your home (list additional pets in the comments section):

Name	Breed	Age	Spayed/Neutered		Current on Vaccinations		FIV/FeLV tested negative (cats only)	
			<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	
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Who is your current veterinarian (or previous veterinarian if you've owned pets within the last 5 years)?

Name:

Phone:

Please list all previous pets that are no longer with you (list additional pets in the comments section):

Name	Breed	Age	Circumstances (died, ran away, stolen, rehomed, etc.)

Have you ever surrendered a pet to a shelter or rescue? Yes No

If yes, what were the circumstances?

Personal reference (not a family member):

Name:

Phone:

Relationship:

Years known:

How many hours a day would the Senior Cat be left alone?

Are you willing to spend the time and effort necessary to help this pet adjust to your home and lifestyle?

Yes No

Do you have a doggie door installed in your home? Yes No

Would you agree to a home visit? Yes No

Under what circumstances would you not keep this cat?

What would you do if the cat urinated or defecated outside of the litter box?

Please list any comments or questions for us:

How did you hear about Laps and Naps Home for Senior Cats?

By signing below, I affirm that the facts set forth in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in an immediate termination of the foster contract and the foster animal to be returned. Laps and Naps shall be held harmless from and against any and all claims and damages of every kind for injury to any person or persons and for damage to or loss of property, arising out of or attributed to, directly or indirectly, the operations or performance of the above named foster parent under this agreement, including claims and damages arising in whole or part from the negligence of Laps and Naps Home for Senior Cats Inc. I agree to notify Laps and Naps of any injuries such as illness, escapes, injuries or any concerns pertaining to my foster as soon as possible.

Signature:

Date:

Office Use Only:

Results of Reference/Vet Checks:

Approved for Laps and Naps by: