



# LAPS AND NAPS

## HOME FOR SENIOR CATS

151 NC Highway 9, Ste B #167

Black Mountain, NC 28711

[lapsandnaps.org](http://lapsandnaps.org)

### SENIOR CAT SANCTUARY HOME APPLICATION

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

Full Name:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Email Address:

Date of Birth:

Employer:

Position:

Does your job involve frequent travel?    Yes            No

If yes, how will you arrange for the care of the cat(s)?

In what type of home do you live?    Apartment    Condo    Trailer    House

Do you:            Own            Rent

If you rent, does your lease allow cats?    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

If you share your dwelling, are all members of the household in agreement concerning the fostering 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 comments section.

Name	Breed	Age	Spayed/Neutered		Current on Vaccinations		FIV/FelV tested negative (cats only)	
			Yes	No	Yes	No	Yes	No
			Yes	No	Yes	No	Yes	No
			Yes	No	Yes	No	Yes	No
			Yes	No	Yes	No	Yes	No
			Yes	No	Yes	No	Yes	No

Who is your current veterinarian (or previous veterinarian if you've owned pets within the last 5 years)?

Name:

Phone:

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 our Sanctuary Home program?

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 if I am accepted as a sanctuary home provider, that I am not the rightful owner of the cat and any medical decisions/rehoming decisions will ultimately be made by Laps and Naps Home for Senior Cats Inc. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in an immediate termination of the sanctuary home contract and the sanctuary 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 sanctuary home provider 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 sanctuary cat as soon as possible.

Signature:

Date:

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Office Use Only:

Results of Reference/Vet Checks:

Approved for Laps and Naps by: