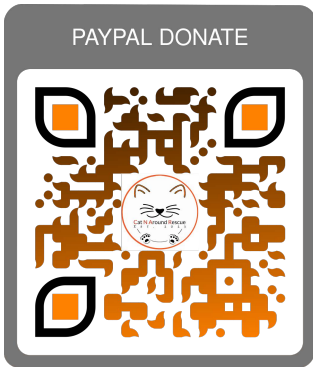


# CAT & KITTEN ADOPTION APPLICATION

WWW.CATNAROUNDRESCUE.ORG



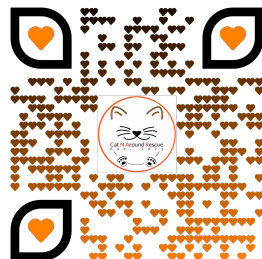
SQUARE PAYMENTS



PAYPAL PAYMENTS



GIVEBUTTER DONATIONS



FOR SAME DAY ADOPTIONS

PLEASE USE OUR ONLINE APPLICATION!

This application will be reviewed by an adoption partner.

CAT N AROUND RESCUE 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.

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.

BRENDA@CATNAROUNDRESCUE.ORG

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309-603-0305



# CNAR Adoption Application

This application is the property of CAT N AROUND RESCUE [CNAR]

OFFICE USE ONLY  
 DNA Check by \_\_\_\_\_

Names of cats you are interested in: \_\_\_\_\_

## Applicant Information

(Adult#1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Adult#2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ (Adult#1) Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
 E-mail: \_\_\_\_\_ (Adult#2) Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
 Phone Number listed must be active or application is void

# of Years at Residence: \_\_\_\_ If at address less than 1 year → Prior Address: \_\_\_\_\_  
 Type of Property:  House Prior City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Apartment  
 Mobile Home Do you...  Rent → Landlord / Complex Name: \_\_\_\_\_  
 Other: \_\_\_\_\_  Own Landlord / Complex Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
 Are you allowed pets?  Yes  No

(Adult#1) Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
 (Adult#2) Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

## Household Information

# of adults in household: \_\_\_\_ Relationship(s): \_\_\_\_\_  
 # of children in household: \_\_\_\_ Age(s): \_\_\_\_\_  
 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? \_\_\_\_\_

All animals that CAT N AROUND RESCUE rehomes or adopts will be spayed/neutered, no exceptions, agreed? \_\_\_\_  
 We strive to provide our animals with the best possible life once they come to us. Spaying and neutering provide medical and behavioral benefits to your feline companion and help control the pet overpopulation crisis.

## 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 Visit to a Veterinarian? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Are all your pets up to date on vaccinations?  Yes  
 No → Why? \_\_\_\_\_  
 Have you adopted from CNAR in the Past?  Yes → Where is Animal now? \_\_\_\_\_  
 No

**Cat/Kitten Application**

What kind of pet are you looking for?

- Indoor
- Outdoor
- Indoor/Outdoor

Where will the cat be when...

- ...you're home? \_\_\_\_\_
- ...you're not home? \_\_\_\_\_
- ...you're asleep? \_\_\_\_\_

**We strongly advise and encourage that you keep our cats inside at ALL times. They come to us as strays or feral, they have lived too long on their own outside, they deserve a life of luxury on the INSIDE!**

How often will you scoop out the litter box? 1x time a day is recommended \_\_\_\_\_

Have you ever clipped a cat's nails? \_\_\_\_\_ **Do you want to learn?** \_\_\_\_\_

Will you declaw your cat?  No  Yes (2-paw) **We do not recommend declawing, it is cutting off their 1st knuckle. Would you like more info on this subject?** \_\_\_\_\_

How will you introduce your cat to other animals in your household? \_\_\_\_\_

How much time are you prepared to allow for your new pet to adjust to your home? \_\_\_\_\_ Did you know that it takes approximatley 3-6 weeks for a NEW PET to adjust and settle in to a NEW environment, please be patient!

Under what circumstances would you not keep or return this cat? \_\_\_\_\_

Are you committed to providing a responsible home for your pet's entire life (could be 18+ years)?  Yes  No

Have you ever turned an animal in to a shelter?  Yes  No If Yes, why? \_\_\_\_\_

Are you prepared to assume the financial responsibilities of providing your cat with adequate food, training, toys, routine and emergency medical care etc. (approx. \$500+ per year)?  Yes  No

How did you learn about CAT N AROUND RESCUE?

- Friend/Family
- Prior Supporter/Adopter
- Facebook
- Drive by
- Internet
- PETSMAST
- Other: \_\_\_\_\_

*By my signature, I certify that the above information is complete and correct and that I am at least 18 years of age. I realize that any misrepresentation of fact may result in my losing the privilege of adopting an animal. I understand that CNAR 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 CNAR who reserves the right to share this information with other shelters and rescue organizations.*

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date