



ADOPTION APPLICATION

IN ORDER TO BE CONSIDERED AS AN ADOPTER TODAY, YOU MUST:

- *Be 18 yrs of age or older. *Have ID showing your present address. *Have the knowledge and consent of your landlord.
 - *Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.
- February Star Sanctuary reserves the right to do home checks and refuse adoption to anyone. Please answer ALL questions.

CAT(S) AND/OR KITTEN(S) _____

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

DRIVERS LICENSE # _____ STATE _____

EMAIL ADDRESS _____ AGE _____

1. Do you: [] Own [] Rent your home? (If leasing to own, please select "rent")
2. Do you currently live in a: [] House [] Apartment [] Condo [] Mobile Home [] Other _____
3. If you rent (or lease to own) please list the name and phone # of landlord, President and/or manager of any homeowner, condo or other similar associations, apartment or park manager:

Name _____ Phone# _____

4. Are you a: [] Year-Around or [] Seasonal Resident?
5. What types of pets do you **currently** have in your household?
Name Dog/Cat? Male/Female? Spayed/Neutered? When was last vaccination given? How long owned?

6. What other animals have you owned in the past? _____ What happened to them? _____

7. Have you ever surrendered an animal to a shelter or animal control facility? [] Yes [] No
If yes, please describe the circumstances _____

8. Who is your Veterinarian or Vet Clinic? _____ Phone # _____

9. How many adults live in household? _____ Children? _____ Ages of children _____

10. Does anyone in your household have known allergies to animals? [] Yes [] No If yes, please explain _____

11. Will this cat be allowed outdoors? [] Yes [] No If yes, under what circumstances? _____

12. Are you willing to care for this animal for the rest of its life? [] Yes [] No (An average life span for a cat is 15-20 years.)

13. If you relocate, what will you do with this cat? _____

14. Do you want the cat for: [] Companion [] Mouser [] Gift [] Company for Other Pet [] Other _____

15. Do you plan to declaw this cat? [] Yes [] No 16. How many hours a day do your pets spend alone? _____

17. What circumstance would cause you to give up your pets? _____

PLEASE READ AND SIGN BELOW

I certify the above information is accurate and complete to the best of my knowledge. I understand that **February Star Sanctuary** has the right to reclaim the animal if any given information is found to be false. I authorize the release of veterinarian information related to current and past pets. Once adopted, financial responsibility of this animal rests on the new owner. This application is the property of **February Star Sanctuary**

X _____ Date: _____

Thank you very much for your application. Please return it by e-mail (Februarystarsanctuary@gmail.com).