



**ADOPTION APPLICATION for
Senior Cat BooBoo, Neutered Male Age 11 years
Requires Daily Medication for HyperThyroid**

Applicant Information				
Name:				
Address:				
City:	State:	Zip:		
Telephone numbers: Home:	Mobile:			
E-mail Address:				
Number of People in Household:		If children are in the household, please list ages:		
Are you or any member of your family allergic to pets:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn				
If rental, are cats allowed per the lease?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Manager/Landlord Name to verify pet policy:			Phone number:	
Where will cat live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside				
Where will the cat spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside				
How many hours per day will the cat be alone?			Where will the cat stay when left alone?	
In the absence of the primary caregiver, who will care for the cat?				
Under what circumstances would you return the cat to us? <input type="checkbox"/> New Job <input type="checkbox"/> Divorce <input type="checkbox"/> New Baby <input type="checkbox"/> Move <input type="checkbox"/> Illness <input type="checkbox"/> Other – specify				
Do you consider your cat a part of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you plan to declaw your cat? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How much time are you prepared to allow for your new pet to adjust to your home?				
Have you had pets in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Pet; Type of Pet	Years Owned	Spayed/Neutered	Inside/Outside	Where is Pet Now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	

A Home Check is required as part of the adoption process. Will you agree to a home visit by an AskMrFrisky.org Board Member or Volunteer?

☐ Yes ☐ No

Senior Cat BooBoo requires daily Methimazole (twice a day, 12 hours apart) for his Hyperthyroid, and a yearly blood panel to monitor and adjust dosage.

The medicine costs approximately \$45/month, and the yearly blood panel varies depending on the Veterinary clinic but averages - with exam, vaccination updates and urinalysis - approximately \$350.

Are you willing to take responsibility to continue his daily medicines and get his yearly Veterinary exams? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you need financial assistance to continue his medication and yearly Veterinary exams? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veterinary and Pet Sitter References	
Veterinarian Name/Clinic Name:	
Phone:	
Pet Sitter Name	Phone

Will you agree to return BooBoo to AskMrFrisky.org if you can no longer care for him? ☐ Yes ☐ No

Printed Name _____

Signature _____

Date _____

Please return the application form to MrFrisky@AskMrFrisky.org