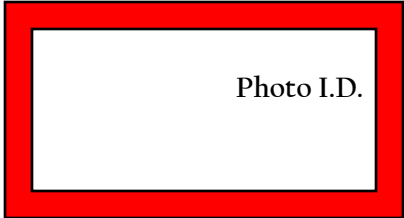




Application for Cat Adoption



21287 Boca Rio Road
Boca Raton, FL 33433
(561) 482-8110

Do you have a specific pet in mind? _____

Are you aware that adopting a pet is an **18+ year** commitment? _____

Your Name: _____ Email Address: _____

Address: _____ Cell Phone: _____

Town/State/Zip: _____ Home Phone: _____

Employment: Employer: _____ Position Title: _____

(If self-employed list type of business) How long have you held this position? _____

Housing: Own Rent (if so, you must have lease copy that shows pet policy)

Single Family Home Mobile Home Apartment Condo Townhouse

Landlord Name/Phone Number: _____ Community Name: _____

Number of Adults (+18) in Household: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Are you: Single Married Have Children: Number of children & Their Ages: _____

Anyone in household have Allergies/Asthma? (Please specify) _____

Number of animals in household: _____ Breeds: _____ Names: _____ Ages: _____

Heartworm Medication Current? Yes / No Pets' Vaccines Current? Yes / No Pet Spayed/Neutered? Yes / No

Current Veterinarians Office Used: _____ Phone #: _____

IF NONE: When was the last time you had a pet? _____

What happened/Where are they now? _____

How many hours alone will the pet spend TOTAL per day on average? _____

Where inside the house will your pet stay when you are not home? _____

If your pet becomes sick or injured, are you prepared to afford the medical costs? Yes No

If there is any reason you can no longer care or provide a stable home for your pet, what will you do with them?

Have You Ever Taken an Animal to a Shelter? Yes No

If so, when and why? _____

Do You Plan on Moving Soon? If So, When? _____

Signature: _____ Date: _____

OFFICE USE ONLY:

Reviewed By: _____ Check DNA: _____ UTD: Yes/No Sterilized: Yes/No Proof of Address: _____



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What will be your pet's personal space when you are NOT at home? Check all that apply.

- Anywhere inside the house
- Designated area (gated-in kitchen, room with closed door, etc)
- Left outside or Indoors/Outdoors

Which of the following behaviors or characteristics present an intolerable problem for you?
Check all that would apply.

- | | |
|--|--|
| <input type="checkbox"/> Scratching/Jumping on Furniture | <input type="checkbox"/> Meowing |
| <input type="checkbox"/> Hissing/Swattling | <input type="checkbox"/> Not litterbox trained |
| <input type="checkbox"/> Chewing on wires/curtains | <input type="checkbox"/> Mouthing/Nibbles |
| <input type="checkbox"/> Shedding (Preference or Allergy?) | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other: _____ | |

If any of the above issues were to apply to your new pet, how will you address them?

If the above selected behavioral issues were to persist, would it result you in returning the pet?

Do you plan on De-Clawing your new cat?

- Yes, I always De-Claw Never! I was considering it

If for any reason you were to pass away before your pet, who would then claim ownership?

Do you have any doubts or hesitations on long term adoption?

Tri-County Animal Rescue Meet & Greet

Liability Agreement

I, _____ understand that I will be meeting with animals that may be unpredictable. I am also aware that there is a risk of illness/exposure, getting bit, scratched, or injured in some other way when they come into contact with my pet, family members, and myself. I agree to take full responsibility with respect to any medical treatment needed and will not hold Tri-County Animal Rescue accountable for any injuries that may occur. I also agree to report all bites, scratches and/or injuries to TCAR staff immediately.

Signature: _____ Date: _____