



OFFICE USE ONLY			
Landlord Reference		Veterinarian Reference	
Vaccinations Discussed		Spay/Neuter Policy	
Adoption Agreement		Petco Form	
Approved by?			
Name of Cat:			
Driver's License Number:			State:

KITTIES FOR KEEPS RESCUE INC., FELINE ADOPTION APPLICATION

Mailing Address: PO Box 973, Lansing, Illinois 60438

Telephone: (708) 887-8337 **Email:** KittiesForKeepsRescue@gmail.com

Please fill out this application thoroughly. Incomplete or inaccurate applications will not be processed.

By completing this application, applicant(s) certify that the information provided is accurate. Applicant(s) understand that any falsehood or misrepresentation of information whenever discovered may result in the rejection of the application to adopt a feline. Applicant(s) understand that Kitties for Keeps Rescue reserves the right to deny any request for adoption. Applicant authorizes the release of information from persons or agencies listed on this application.

APPLICANT INFORMATION			
Name of Applicant:		Date of Application:	
Street Address:		City / State / Zip	
Home Phone ()	Cell Phone ()	Work Phone ()	
Name of Employer:		How long at current employer?	
Spouse or other adult in household:		Contact phone ()	
Are you 21 Years of age or older?		Email Address:	
HOUSEHOLD INFORMATION			
Own <input type="checkbox"/>	Single Family House <input type="checkbox"/>	Condo <input type="checkbox"/>	Townhome <input type="checkbox"/>
Rent <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Live with Friends/Family/Roommates <input type="checkbox"/>	
Other: (Explain)			Length of Time in current residence?
If Renting, does your lease allow cats?	Yes <input type="checkbox"/> <i>If Yes, the applicant is required to present copy of current lease and/or Landlords name and phone number</i> No <input type="checkbox"/>		

How many adults in your household?	How many children?	Ages of children:
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Does anyone in your household have allergies or asthma?

Does everyone in the household agree with adopting a cat?	Is this cat a gift?
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Should you become incapacitated and unable to care for your newly adopted cat/kitten or if you must move and cannot find a residence that allows pets, what will you do with the cat?

OTHER PETS

List pets that you own or have owned in the past 5 years:

Type of Animal	Name	Age	Sex	Spayed/Neutered?	Still own? (If no please explain)
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

Have your Cats been tested for feline leukemia?	Have your cats been tested for FIV?
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If you currently have felines at home, are any declawed?

Where are your current pets kept?

Are all your pets up to date with vaccines?

Have you ever had an animal: *(Please answer Yes or No)*
 Lost _____ Hit by a car _____ Euthanized _____ Poisoned _____
 Do you live in the same place now?

VETERINARIAN INFORMATION

Please note – We will be contacting your vet for a reference. You will need to call them to authorize the release of basic information to us. If we cannot verify your information within 48 hours, we will not be able to approve your application.

Name of your Veterinarian:	Name of Clinic or Hospital:
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Address:

City:	State:	Phone Number: ()
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PERSONAL REFERENCES

If you ***don't*** have a vet reference (in above section), please provide 2 personal references: **Name, Address and Phone Number**

1			()
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2			()
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NEW CAT INFORMATION

Why do you want to adopt a cat/kitten?

Have you ever owned or cared for a cat/kitten before?

If unwanted behavior problems arise, what steps will you take to correct them?

Do you have a room with a door where your new cat can be kept while transitioning into his/her new home?

What precautions would you take to properly introduce a new cat to your home if you have other pets (dog, bird, rabbit, other cat, etc.)

How many hours will the cat be left alone during the day?

Where will the cat be kept when nobody is home?

Do you plan on declawing your new cat? Why?:

Who will be primarily responsible for the care of this cat?

How much would you estimate expenses to be for 1 year?
Supplies: \$ Veterinarian: \$

Do you think your pet should have a yearly physical exam?

Do you believe you can provide a good home for your pet for its entire lifetime which could be up to 20 years or more?

Have you ever taken any of your pets to another organization or given up to a friend or relative? *If Yes, please explain*

<p>If your application for adoption is approved by Kitties for Keeps Rescue Inc. where do you plan on keeping the pet? <i>(Check all that apply)</i></p>	
<p>Inside <input type="checkbox"/> Outside <input type="checkbox"/> Garage <input type="checkbox"/> House <input type="checkbox"/> Basement <input type="checkbox"/> Cage <input type="checkbox"/> Other <input type="checkbox"/></p>	
<p>Where will the cat sleep?</p>	
<p>Is it OK if we visit your home to see how and where the animal will be living?</p>	
<p>Do you believe in spaying and neutering animals?</p>	<p>Why?</p>
<p>Do you think an animal should have at least one litter before being spayed?</p>	
<p>Have you ever applied for, or adopted a pet from, Kitties for Keeps Rescue Inc or any other rescue or shelter in the past?</p>	
<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Where?</p>	<p>When?</p>
<p>If Kitties for Keeps Rescue, Inc. What was the name of the animal?</p>	

I certify that the information given in this application to adopt is true and accurate to the best of my knowledge. I understand that after submitting this adoption application, Kitties for Keeps Rescue, Inc. has the right to review, and to either approve or deny this adoption for any reason. If denied, Kitties for Keeps Rescue, Inc. has the right to do so without any explanation. Further, I give permission to Kitties for Keeps Rescue, Inc. to contact my current veterinarian and/or references (as appropriate).

 Applicants Signature

 Date Signed