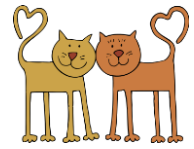




# ANGELS JOURNEY HOME ANIMAL RESCUE

4531 State Rt 51 N ▪ Belle Vernon, PA 15012  
(412) 680-0393 ▪ www.angelsforeverydayheroes.org



## CAT ADOPTION APPLICATION

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_



ACCOUNT NAME(S): \_\_\_\_\_

OWN \_\_\_\_\_ RENT \_\_\_\_\_ IF RENT, TYPE OF HOUSING (Apartment, Duplex, House) \_\_\_\_\_

IF RENT, LANDLORD NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

\*\*\* Landlord must provide consent to bring this cat onto the property \*\*\*

*Please list individuals who reside with you:*

NAME	OCCUPATION	AGE	PET ALLERGIES (Y or N)	ASSIST WITH CARE OF CAT (Y or N)

### PERSONAL REFERENCES (MUST LIST THREE – AT LEAST TWO NON-RELATIVES)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

### VETERINARIAN

Name of Clinic/Office \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

### EXPERIENCE WITH CATS

Have you owned a cat(s) in the last 10 years? \_\_\_\_\_ Can you commit to caring for the cat its entire life? \_\_\_\_\_

Have you had a cat that didn't work out for you? \_\_\_\_\_ What happened to it? \_\_\_\_\_

Do you and other household members have enough time and resources to meet this cat's needs? \_\_\_\_\_

## PET HISTORY

If you had/have any pets, please complete the chart about your past and current pets:

SPECIES/BREED	AGE	SEX	SPAYED or NEUTERED	HOW LONG	IF NO LONGER WITH YOU, WHAT HAPPENED TO THIS PET?

For current pets, do any have behavior problems? \_\_\_\_\_

Have your current pets been exposed or live with a cat(s)? \_\_\_\_\_ Any aggression towards cat(s)? \_\_\_\_\_

Are your current pets up to date on vaccinations? \_\_\_\_\_ Are your current pets on flea/tick preventatives? \_\_\_\_\_

How often do your pets see a vet for testing/exams? \_\_\_\_\_

Have your past / current cats been HW/FelV/FIV tested and confirmed negative? \_\_\_\_\_

Please provide any additional comments or explanations to above responses:

How did you hear about us? \_\_\_\_\_

## ADOPTION / INDEMNIFICATION AGREEMENT

1. I certify that all information supplied on this application is true and accurate.
2. I understand that Angels Journey Home Animal Rescue (AJH) reserves the right to refuse adoption to anyone without giving reason.
3. I am at least 21 years of age.
4. I hereby give permission to contact any of the referenced names on this application.
5. A meet and greet with the cat to be adopted must be done prior to final adoption approval.
6. I agree to allow an AJH representative to visit my home by appointment, if required.
7. AJH is not responsible for medical expenses after the cat leaves their location.
8. All vet records must be supplied to AJH for the life of the cat.
9. An adoption fee of \$100 applies, unless otherwise agreed upon. Please note there will be NO adoption fee if the cat is not spay/neuter. AJH requires that the cat be spay/neuter within two (2) weeks at spay/neuter clinic that will be arranged by AJH, unless you prefer to have this completed by your veterinarian. Copy of these records must be sent to AJH.
10. If not already actively microchipped, the cat must be microchipped within two (2) weeks of adoption date and Wendi Kraemer (412) 680-0393 noted as secondary contact. Copy of record must be provided to AJH.
11. All shots need to be administered by your veterinarian with copy of records sent to AJH.
12. Weekly photos to be provided as we like to see how the cat is progressing in its new loving home. These photos may be used on AJH Facebook page, website, or other publications. If you do not agree, please provide us with written comment advising not to use these photos publicly nor include you in our e-mail notifications.
13. I understand this cat will live inside my home. I agree to provide it with access to the living quarters, fresh water will be supplied daily along with adequate food. I will never allow the cat to run free in an unsupervised manner. I will treat this cat as a household companion just like a family member. The cat will not be confined for extended periods of time.
14. I understand that if for any reason I cannot keep this cat, I will contact AJH to return for alternative placement. Failure to do so may result in prosecution and fines.
15. I agree to indemnify and hold harmless Angels Journey Home Animal Rescue, its Officers, Directors or Members, and Representatives, for any conduct, behavior or disposition of this cat after placement. Most of the cats and kittens came to us as strays or rescued from dangerous or unhealthy living conditions. Angels Journey Home Animal Rescue makes no warranties or guarantees, express or implied, with regards to the physical condition or personality of the cat.

Adopter Signature \_\_\_\_\_ Date \_\_\_\_\_

AJH Representative \_\_\_\_\_ Date \_\_\_\_\_

With sincere gratitude, THANK YOU for making a difference in this cat's life.