



Feline Adoption Application

Pet Refuge, Inc. - 4626 S. Burnett Dr. - South Bend, Indiana 46614 -

Phone: 574-231-1122

Thank you for choosing to apply for adoption from Pet Refuge. We are an all-volunteer, non-profit organization. We reserve the right to determine the appropriate home for each animal in our care. This form and two interviews with adoption counselors will be used to assist us in finding the cat most compatible with your lifestyle. In order to be considered as an adopter you must be at least 18 years of age, have the knowledge and consent of your landlord if you rent, and be able and willing to spend the time and money necessary to provide proper care and medical treatment for your cat.

Name of cat/kitten to adopt: _____ Date: _____

Your Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone#: _____ Place of Employment: _____

Spouse's Name: _____ Place of Employment: _____

Do you own or rent? _____ Live with parents? _____ If rent, landlord's name and phone #: _____

How long have you lived at this address? _____ Any plans to move in the coming months? _____

Number of adults in your home: _____ Children: _____ Children's ages: _____ Activity level of home: _____

If children are in the home, have they lived with a cat before? _____

Does anyone in the home have allergies to cats? Yes _____ No _____ Unknown _____

If this not your first cat, please describe what happened to your previous cat. (If you still own your cat, please list it in the following question.) _____

Please list all current cats or dogs:

| Cat or dog's name | Sex M/F | Age | Dog or cat | If dog, breed | Spayed or neutered | Dates and types of vaccinations |
|-------------------|------------|-----|---------------|---------------|-----------------------|---------------------------------|
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If you have a cat(s), has it been tested for Feline Leukemia and FIV? Yes _____ Date: _____ Results: _____ No: _____

If you have pets, please list the name and phone # of your current veterinary clinic: _____

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Do you plan to let the cat you adopt go outside? Yes _____ No _____

Do you plan to declaw the cat you adopt? Yes _____ (2 paw?) _____ (4 paw?) _____ No _____

(over)

Some cats need time to adapt to a new environment. How much time are you willing to give this cat to acclimate to your home (and current pets, if present)? _____

What type of behavior would cause you to return this cat to Pet Refuge? _____

How long do you expect to have this cat? _____

Who will care for your cat while away on vacation? _____

If you must move, what provisions will you make for your cat? _____

What amount do you expect to spend per year for the veterinary care of this cat? _____

What amount do you expect to spend per year for the day-to-day care of this cat? _____

Please list two personal references (not family members):

| Name | Relationship | Phone # |
|------|--------------|---------|
| | | |
| | | |

Please include any questions or comments you would like to add to your application. _____

How did you hear about Pet Refuge? _____

Applicant's Signature(s): _____



Office use only:

Interviewer name: _____ Approved _____ Denied _____

Interviewer name: _____ Approved _____ Denied _____

Results of dog introduction: _____



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Additional interview notes: _____

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