|  |  |
| --- | --- |
| A dog in a bucket  Description automatically generated with low confidence | Save All Dogs Rescue |

# Feline Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | Employed.: |  | Employer: |  |

|  |  |
| --- | --- |
| Who else lives in the home? Names and Ages: |  |

|  |  |  |
| --- | --- | --- |
| Do you own or rent your home? | Own | Rent |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If you rent, are you allowed cats? | YES | NO | Landlord’s Phone Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are any member in the household allergic to pets (ex. cats, dogs, etc.) | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Pet Questions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have anypets currently? | YES | NO | Name, Species, Age: |  |

Do you plan to let you cat outdoors?

|  |  |
| --- | --- |
| YES | NO |

If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to give your cat/kitten time to adjust to its new environment?

|  |  |
| --- | --- |
| YES | NO |

If you must leave town, urgently or planned, where would your cat stay or who would take care of it?

If you were no longer able to care for your pet, or had to move, what would happen to your pet?

Have you ever had to re-home a pet or surrender it to an animal shelter?

|  |  |
| --- | --- |
| YES | NO |

If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing/able to take your pets to yearly check-ups?

|  |  |
| --- | --- |
| YES | NO |

## Veterinarian Information

If you do not currently have a vet list who you plan to use

|  |  |  |  |
| --- | --- | --- | --- |
| Vet Clinic: |  | Years Used: |  |
| Address: |  | Phone: |  |
|  |  |  |  |

## Reference

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Phone: |  |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I certify that I am at least 18 years of age

I understand that Save All Dogs Rescue has the right to deny any application for any reason

I understand that S.A.D.R. is not able to guarantee the health or temperament of any cat, as many cats come in with unknown histories. There are traits that could change upon adoptions, and I take responsibility to care for and address these issues if they do arise

I understand that anything could happen in life, and if I find that I am no longer able to care for my adopted cat, I agree to contact S.A.D.R. by phone and/or email to discuss rehoming

I attest that the cat I am adopting is for me, in my home, and Not a gift for anyone

I understand that I am responsible for paying for all follow-up vaccines, wellness visits, and medical procedures my pet will require in the future

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |