

# SHELTER ANIMAL RESOURCE ALLIANCE

### CAT ADOPTION APPLICATION

This application is designed to assist both you and us in determining if your household is prepared to assume the role of responsible caretaker for a shelter cat. Not everyone who desires to adopt a cat is ready to properly care for one. Please note that applying does not ensure approval. S.A.R.A. reserves the right to refuse adoptions to anyone. No animal will be adopted to prospective guardians who mislead or fail to provide accurate information on this adoption application. Please answer all questions completely.

#### **Please Print Legibly**

<u>Applicant</u>	<b>#1</b> :					
Name			Age, if under 21			
Phone		Email				
Employer		Work Phor	ne			
Home Ad	dress	City	Zip			
Mailing A	ddress	City	Zip			
Reference Name Phone Someone, unrelated, who has known you well for at least 5 years)						
<u>Applicant</u>	#2 (if applicable):					
Name			Age, if under 21			
Phone Email		Email				
	made you decide to adopt from Sayou ever had a cat de-clawed?					
	do you want a cat?					
4) Some						
5) Name	Name of cat that you are interested in adopting					
6) Why (	did you choose this particular cat?					
7) Are yo	ou: □1 <sup>st</sup> time cat guardian	☐ had a cat before	$\square$ an experienced cat guardian			
8) Doos	anyone in your household have al	llergies? If yes w	hat kind?			

9) How much do you plan on adjusting your <i>monthly budget</i> for food, litter, and medical					
expenses to ca	are for this cat/kitten?	\$(PLE	ASE SPECIFY A DC	DLLAR AMOUNT)	
10) Where are you	r funds for <b>emergenc</b>	y medical care? □	Savings □Credit C	ard □Other	
11) Explain what y	ou feel good cat medi	cal care is			
12) Who will be the	e Veterinarian for this	cat?			
13) Who will be the	e <b>primary</b> caretaker o	f this cat?	Seconda	ry?	
agree to before	nip is a serious commi e a cat can be adopted ousehold?	d. Have you discu	ssed cat guardianshi	p with ALL people	
	pple live in your house				
		Age (if under 18)	Relationship	to Person #1	
		(ii under 18)	(This is you)		
			-		
<ul> <li>16) Is your family committed to spending 15+ years providing this cat with love &amp; attention, food, flea treatment, grooming, veterinary care, emergency care, and behavioral assistance as needed?</li></ul>					
	nange affect your abili				
How will this change affect your ability to care for this cat?					
19) Have you ever given an animal away? If yes, Why?					
	ut any pets you have h				
Type of pet	How long did you have?	•	ed? (be specific)	Age at the time?	
20) How much <u>interactive</u> time are you going to spend with this cat daily?					
21) How long will this cat be <u>without</u> human companionship daily?					
•	·	ne?	_ vvniie you are at ho	ome*?	
23) Where will this cat sleep?					

, •	24) If you have to go away on business or vacation, how will this cat be cared for?  ☐ Leave alone with plenty of food and water ☐ Pet sitter ☐ Kennel						
	friend/Relative	•					
25) This ca	at/kitten will be	: 🗆 insid	de only	<i>'</i> □ o	utside d	only	$\square$ both
26) What problems would make you return this cat? ☐ biting/scratching ☐ shyness/fear ☐ Scratching furniture ☐ Marking/spraying ☐ Not getting along with other animals ☐ Litter box issues ☐ None ☐ Other (please explain)							
27) Do you	u plan on de-cla	awing this o	cat? _	If yes, V	VHY?_		
28) If you	are currently th	e guardian	of othe	er pets, pleas	e provid	de the following in	formation:
Type of Animal	Name	Breed	Sex	Spayed/ Neutered?	Age	•	exact location, please arage, run, etc.)
29) If this cat does not get along with your other pets, what will you do?							
30) If scratching or behavior problems do occur, are you committed to working with this cat to correct them? How do you plan to do this?							
31) Which <b>brand(s)</b> of cat food are you planning to feed this cat? (Specific brand names please)							
Dry							
32) What r	made you decid	de to feed t	he abo	ve foods?			<del></del>
33) Which kind of flea control do you plan to use?							
34) Do you ☐ OWN or ☐ RENT which of the following below: ☐ House ☐ Apartment ☐ Studio ☐ Condo ☐ Mobile Home							
35) If you rent, do you have your landlord's permission to have a cat?							
36) Do you have to pay a pet deposit If yes; you must provide proof of payment.							
37) Is the lease or rental contract in your name? If no, whose name is it in?							
38) Landlord or Rental Agency Name and Phone: (We will contact your landlord or Rental agency.)							
I acknowledge that the answers to the above questions are true and accurate and that providing false or misleading information is grounds for my application being denied.							
Applicant's Signature Date							



## SHELTER ANIMAL RESOURCE ALLIANCE

#### ADOPTION REFUND POLICY

The staff at S.A.R.A. does everything in our means to ensure the health of our cats; however, some cats may still become ill after adoption. Upper Respiratory Infection (URI), an illness comparable to a human cold, is one common ailment. We do not know what our cats were exposed to before they came to our shelter, therefore we cannot know if they may be incubating an upper respiratory infection. URI may be contagious to other cats, but can be treated with proper medication.

It is highly recommended that cats entering a new home should be separated from other pets for at least 5 to 10 days. Not only does this give your new cat a chance to settle into his/her new home but it can ensure that any health problems are not passed on to resident pets before his/her vet visit can be arranged. While our staff will make every effort to answer questions about your new cat's behavior, please contact your veterinarian for advice on health matters.

If your veterinarian determines your cat is in questionable health within ten (10) days of adoption, you have the option of returning him/her to S.A.R.A. for a refund. If you do not take your new pet in for an examination by your veterinarian, the possibility of a monetary refund is voided. We cannot assume any additional medical costs or responsibilities for your cat.

After ten (10) days, the cat may be returned for any reason, but no monetary refund will be issued. We encourage you to **contact us promptly** if behavior problems occur for suggestions on solving these problems before giving up on your new family member.

By signing this, you acknowledge S.A.R.A.'s refund policy.

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Signature:	Date:	
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