

## S.A.R.G. Cat Adoption Application Form/Contract

### Cat Adoption Policies

1. Existing cats within the home must be tested negative for both Feline Leukemia and FIV
2. All cats must be indoor only (unless on leash/harness)
3. All home animals must be vaccinated per your veterinarian's protocols.
4. All animals in the home must be spayed or neutered.
5. Cats must not be declawed unless already declawed.

In Filling out this application, I (we) agree to these adoption policies for cats. Yes \_\_\_\_\_ No \_\_\_\_\_

CAT(S) OF INTEREST: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

### PERSONAL INFORMATION

Applicant's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Street Address \_\_\_\_\_ Home City \_\_\_\_\_

Home State \_\_\_\_\_ Zip Code \_\_\_\_\_ Yrs. At Residence \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Best time to contact for phone interview \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### FAMILY INFORMATION:

Number of adults in home \_\_\_\_\_ Number of children in home \_\_\_\_\_

Ages/Genders of children \_\_\_\_\_

Age(s) of adults (check) 18-25 \_\_\_\_\_ 26-40 \_\_\_\_\_ 41-60 \_\_\_\_\_ 61-75 \_\_\_\_\_ 75+ \_\_\_\_\_

Other children frequently in house? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, age range \_\_\_\_\_

How often \_\_\_\_\_ How many at once \_\_\_\_\_

Are there senior citizens in the home? Yes \_\_\_\_\_ No \_\_\_\_\_ Health status \_\_\_\_\_

Is anyone in home allergic to pet dander? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own or rent? \_\_\_\_\_ If you rent, name of landlord \_\_\_\_\_

Phone # of landlord \_\_\_\_\_ Is landlord aware of this application? Yes \_\_\_\_\_ No \_\_\_\_\_

### PET INFORMATION:

If you have no pets, please enter 0 or N/A as necessary.

Number of animals in household \_\_\_\_\_ Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other \_\_\_\_\_

List name, type, gender, and age of cats and dogs you've owned in the past three years, and what happened to each animal.

Name	Gender	Neuter/Spay?	Cat/Dog	Breed	Age	What Happened
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**VET INFORMATION:**

\_\_\_\_\_ **Check here if you have NOT had any pets in the past year.**

Do we have your permission to contact these veterinarians? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please notify these veterinary practices to release information to SARG when we call.**

Current Vet's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Other vets used in past three years:

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

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

Pet(s) name(s) that vet records would be listed under: Include the first and last name of the person who paid for the visit, so that the records can be located by the vet.

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES:** (References canNOT be family members.) Providing email addresses for your references will expedite the process.

Reference #1

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

Email \_\_\_\_\_ Best time to contact \_\_\_\_\_

Reference #2

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

Email \_\_\_\_\_ Best time to contact \_\_\_\_\_

**CAT INFORMATION:**

**Cat characteristics desired: Please select the top 3, and number in order of importance (1=highest).**

_____ Active cat	_____ Mellow cat	_____ Lap cat
_____ Friendly to strangers	_____ Long hair	_____ Medium hair
_____ Short hair	_____ Good with children	_____ Good with dogs
_____ Good with other cats	_____ Kitten (less than 1 yr)	_____ Senior cat (10 yrs. +)

**What circumstances, in your mind, justify giving up a cat? Select all that apply.**

- Marking or spraying       Unable to afford       Scratching or shedding problems  
 Not enough time for cat       Cat's health has declined       Cat won't use litter box  
 Onset of allergy to cats       Move to new home       New baby in home  
 Cat doesn't get along with other pets/people

Are you interested in adopting siblings/littermates?    Yes     No     Undecided

**OTHER DATA:**

1. Why are you interested in adopting a cat? \_\_\_\_\_  
\_\_\_\_\_
2. Are all household members in agreement to adopt this cat?    Yes     No
3. How did you hear about S.A.R.G. and/or the animal you wish to adopt? \_\_\_\_\_
4. Where will the cat usually be when you are gone? \_\_\_\_\_
5. Where will the cat sleep at night? \_\_\_\_\_
6. Indoor cats may live up to 20 years and more. Are you prepared to dedicate up to 10-15 years or more to the care of your new pet?    Yes     No
7. How much money do you plan to spend on your cat annually? (Please factor in food, toys, vet visits, grooming and other care.) \_\_\_\_\_
8. Have you sold, given away, or surrendered a pet?    Yes     No

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Explain arrangements for your cat when you go away on vacation, business trips, or unplanned emergencies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOME VISIT:**

If the vet checks and reference checks are satisfactory, S.A.R.G. conducts a home visit. The home visit allows S.A.R.G. Board Members to meet all family members. In addition, the home visit will identify where the cat will eat, where the litter boxes will be placed, and where the cat will sleep.

Do you agree to a home visit?    Yes     No

Best time of day for a home visit when all family members can be present \_\_\_\_\_

\_\_\_\_\_

Any additional comments or information you would like to add?

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Would you like to receive emails regarding future events and fundraisers? Yes \_\_\_ No \_\_\_

Would you consider volunteering with S.A.R.G.? Yes \_\_\_ No \_\_\_

If Yes, in which of the following areas? \_\_\_ dog walking \_\_\_ fundraisers \_\_\_ dog washes \_\_\_ vet checks  
\_\_\_ home visits to potential adopters \_\_\_ financially \_\_\_ transportation to/from events or vet appointments  
\_\_\_ telephone calls \_\_\_ mailing newsletters \_\_\_ making craft items to donate for fundraisers \_\_\_ fostering  
other talents (legal services, web design, accounting services, sponsorship etc.): \_\_\_\_\_

**I/We understand that this application, if approved, also serves as a contract between S.A.R.G. and me/us, and that completion of the application does not guarantee that the adoption will be approved.**

**I/We have read and understand all the Terms and Conditions of Adoption, as indicated by my/our signature on this page, as well as on the separate document explaining those Terms and Conditions. I/we understand that those Terms and Conditions are part of the Adoption Agreement, and will be enforced. I/We attest that the information provided on this application is true and accurate to the best of my/our knowledge. I/We attest that I/we have retained a copy of the Terms and Conditions of Adoption.**

**I/We agree to pay the adoption fee of \$85 for a cat. For this fee, S.A.R.G. will see that the animal is spayed/neutered and is current on standard vaccinations at the time of adoption.**

**Do you affirm and accept all of the above requirements? Yes \_\_\_ No \_\_\_**

**Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_**

Submit Application to:

**Shelter Animals Rescue Group  
124 Newell Lane  
Oak Ridge, TN 37830  
Phone: 865-483-8146**

<i>For S.A.R.G. Use Only</i>			
Approved:			
Initials: _____	Date _____	Initials: _____	Date _____
Comments:			