

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 _____

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?

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? ___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 \$95 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:			