

## SARG Cat Adoption Application Form/Contract

1. Existing cats within the home must be tested negative for Feline Leukemia.
2. All cats must be indoor only (unless on leash/harness).
3. All home animals must be vaccinated per your vet'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

Name of Applicant \_\_\_\_\_ Occupation \_\_\_\_\_  
Name of Co-applicant \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Address: Street/Apt. No. \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Years at Residence \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ May we call you at work? (Yes/No) \_\_\_\_\_  
E-mail \_\_\_\_\_  
Best time to contact you for a phone interview \_\_\_\_\_

Please give an alternate contact, who is NOT in your household, in case we can't reach you:

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### FAMILY INFORMATION:

Number of men 18-25: \_\_\_\_\_ 26-30: \_\_\_\_\_ 31-60: \_\_\_\_\_ Over 60: \_\_\_\_\_  
Number of women 18-25: \_\_\_\_\_ 26-30: \_\_\_\_\_ 31-60: \_\_\_\_\_ Over 60: \_\_\_\_\_  
Number of boys: \_\_\_\_\_ Ages: \_\_\_\_\_  
Number of girls: \_\_\_\_\_ Ages: \_\_\_\_\_  
If you do not have children, are you pregnant or planning a family in the future? (Yes/No) \_\_\_\_\_  
Are other children frequently in the home? (Yes/No) \_\_\_\_\_  
If yes, give age range: \_\_\_\_\_ How often? \_\_\_\_\_ How many at once? \_\_\_\_\_

Please tell us any additional information about your family (such as pet allergies, family members with disabilities that might be adversely affected by having a cat, special situations or circumstances, etc.)

---

---

---

Are all household members in agreement to adopt a pet? (Yes/No) \_\_\_\_\_  
Do you live in a house, townhouse, apartment, duplex, condo, or other (please specify)? \_\_\_\_\_  
Do you own or rent? \_\_\_\_\_

If you rent, do you have the permission of your landlord to have a pet? (Yes/No) \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone \_\_\_\_\_

Please explain the pet policy where you rent: \_\_\_\_\_

---

---

(We reserve the right to call and check to ensure this information is correct, or require written approval from the landlord.)

**PET INFORMATION**

Have you had any pets in the last five years? (Yes/No) \_\_\_\_\_

If so, please fill in the following: (Please list the name of your pet as it's registered at the vet's office)

<u>Name of Pet</u>	<u>Gender</u>	<u>Spayed / Neutered?</u>	<u>Age</u>	<u>Type of Pet</u>	<u>Breed</u>	<u>What happened to the pet?</u>

Have you sold, given away, or surrendered a pet to a shelter? (Yes/No) \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VET INFORMATION**

Do you have a veterinarian that you currently use? (Yes/No) \_\_\_\_\_

If so, please give your current vet's name and phone number, the name(s) of the pet(s) in their records, and the first and last name you are listed under: Current Vet Name \_\_\_\_\_

Phone \_\_\_\_\_ Pet Name(s) \_\_\_\_\_

Person's Name on vet records: \_\_\_\_\_

If you currently have a veterinarian, do you plan to use the same vet for the cat you are applying for? (Yes/No) \_\_\_\_\_

If you have no current veterinarian, or do not plan to use your current vet for this animal, please give the name and phone number of the veterinarian you expect to use.

Vet Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Please list all other veterinarians you have used in the last five years, the name(s) of the pet(s) in their records, and the first and last name you are listed under at each vet's office:

Vet Name \_\_\_\_\_ Phone \_\_\_\_\_

Pet Name(s) \_\_\_\_\_ Person's Name on vet records: \_\_\_\_\_

Vet Name \_\_\_\_\_ Phone \_\_\_\_\_

Pet Name(s) \_\_\_\_\_ Person's Name on vet records: \_\_\_\_\_

Vet Name \_\_\_\_\_ Phone \_\_\_\_\_

Pet Name(s) \_\_\_\_\_ Person's Name on vet records: \_\_\_\_\_

Do we have your permission to contact any or all of these veterinarians as references? (Yes/No) \_\_\_\_\_

***Please contact your veterinarian(s) to let them know we'll be calling for references.***

**PERSONAL REFERENCES**

Please list two personal references that we have permission to contact. (References *cannot* be family or household members. Providing e-mail addresses for your references will expedite the process.)

Reference #1 \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Best time to contact \_\_\_\_\_  
Reference #2 \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Best time to contact \_\_\_\_\_

**CAT INFORMATION**

Why are you interested in adopting a cat? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Of the characteristics listed below, please enter the numbers identifying the three most important ones for you in choosing a cat: I. \_\_\_\_\_, II. \_\_\_\_\_, III. \_\_\_\_\_.

- 1. Active cat; 2. Mellow cat; 3. Lap cat; 4. Friendly to strangers; 5. Long hair; 6. Medium hair; 7. Short hair; 8. Good with children; 9. Good with dogs; 10. Good with other cats; 11. Kitten (less than 1 year); 12. Senior cat (10 years+); 13. Breed/color

What circumstance(s) would cause you to relinquish your cat back to SARG? (For example: 1. New baby in home; 2. Marking or spraying; 3. Not enough time for cat; 4. Onset of allergy to cats; 5. Cat doesn't get along with other pets/people; 6. Move to new home; 7. Scratching or shedding problems; 8. Cat won't use litter box; 9. Unable to afford) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in adopting siblings/littermates? (Yes/No) \_\_\_\_\_

**OTHER INFORMATION**

Where will the cat be when you are home? (Be specific – have run of house, blocked-off area of house, etc.) \_\_\_\_\_  
\_\_\_\_\_

How many hours per day will the cat be left alone?  
Monday through Friday? \_\_\_\_\_ Weekends? \_\_\_\_\_

Where will the cat be at night? \_\_\_\_\_

Where will the cat be when you are gone? (Be specific) \_\_\_\_\_

What flea control product will you use? \_\_\_\_\_

An indoor cat can live 20 years or longer. Are you committed to caring for this cat for its lifetime?  
(Yes/No) \_\_\_\_\_

Do you realize that the cost of owning a cat could run between \$500-\$1,000 per year? (Vet visits and yearly vaccinations, flea/tick/heartworm preventatives, food, toys, equipment, grooming, boarding, food, etc.)  
(Yes/No) \_\_\_\_\_

Are you prepared to make this kind of financial commitment to your cat? (Yes/No) \_\_\_\_\_

Do you have a regular groomer? (Yes/No) \_\_\_\_\_ If yes, may we contact the groomer for a reference?  
(Yes/No) \_\_\_\_\_ Groomer's Name \_\_\_\_\_ Groomer's Phone \_\_\_\_\_

If the vet checks and reference checks are satisfactory, SARG conducts a home visit. The home visit allows SARG 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.

Would you agree to a home visit prior to adoption? (Yes/No) \_\_\_\_\_

How did you hear about SARG and/or the animal you wish to adopt? \_\_\_\_\_

**ADDITIONAL COMMENTS/INFORMATION** Please use this space to add any additional information you would like us to consider. \_\_\_\_\_

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

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

Would you consider volunteering with SARG? (Yes/No) \_\_\_\_\_

If Yes, in which of the following areas? (Place an "X" beside all that apply.) Fundraisers \_\_\_\_\_

Dog washes \_\_\_\_\_ Vet checks \_\_\_\_\_ Financially \_\_\_\_\_ Telephone Calls \_\_\_\_\_ Fostering \_\_\_\_\_

Transportation to/from events or vet appointments \_\_\_\_\_ Mailing newsletters \_\_\_\_\_

Home visits to potential adopters \_\_\_\_\_ Making craft items to donate for fundraisers \_\_\_\_\_

Other talents (legal services, web design, accounting services, sponsorship etc.): \_\_\_\_\_

**I/We understand that this application, if approved, also serves as a contract between SARG 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 \$125 for a cat. For this fee, SARG will see that the animal is spayed/neutered and is current on standard vaccinations at the time of adoption.**

Do you affirm that the above information is true and accurate? (Yes/No) \_\_\_\_\_

**Note: This form will be printed and you will be requested to sign it at the time you receive an animal from us, if the adoption is approved.**

**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**

For S.A.R.G. Use Only Approved: Initials: _____ Date _____ Initials: _____ Date _____ Initials: _____ Date _____ Comments:
---