

RCHS **CAT**** PRE-ADOPTION APPLICATION**

PLEASE PRINT CLEARLY

Name			Date
Address			Tel# (Home)
Street	Apt./Unit#		(Cell)
City	State	ZIP	(Work)
			Email

Are you .. (check one) under 21 21-25 26-35 36-54 55+

Are you a college student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is everyone present today? <input type="checkbox"/> Yes <input type="checkbox"/> No Who is not present today?
How many adults in the household?	Do you have children who visit? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many children under 18? Ages:	Have you adopted from us before? <input type="checkbox"/> Yes <input type="checkbox"/> No

What has happened to the pets you have owned in the past 5 years?

RESIDENCE INFORMATION

Background checks are completed re: home ownership and rental approval.

Type of home →	Check one <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Military Housing <input type="checkbox"/> House <input type="checkbox"/> Live with Parents <input type="checkbox"/> Other _____
Do you own your home? → Check one <input type="checkbox"/> Yes <input type="checkbox"/> No	For how long? ____ years ____ months If you own your condo/town home please check with your homeowners' association regarding their pet policy
If you rent: →	How long have you lived at your current address? ____ Years ____ Months Name of Apartment Complex (if applicable): _____ Name of Landlord/Property Management & Phone Number: _____ Are there pet restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____

FAMILY INFORMATION

Is this cat for? →	Check all that apply <input type="checkbox"/> Yourself <input type="checkbox"/> Family Pet <input type="checkbox"/> Companion for pet at home <input type="checkbox"/> Your children <input type="checkbox"/> Gift <input type="checkbox"/> Catching rodents
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Who will ultimately be responsible for feeding socializing and cleaning up after the cat? →	
Under what circumstances would you not keep this cat? → Note: RCCHS will always take their pets back if needed.	
Describe the personality of your ideal cat. →	Check all that apply <input type="checkbox"/> Active <input type="checkbox"/> Mellow <input type="checkbox"/> Cuddly <input type="checkbox"/> Independent <input type="checkbox"/> Couch potato <input type="checkbox"/> Social butterfly <input type="checkbox"/> Frisky <input type="checkbox"/> Tolerant

On a scale of 1-5 circle your Family's activity level
Couch potato 1.....2.....3.....4.....5 Super Sonic!

Would you like information on any specific behavior or training issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify	How many animals do you have at home? Dogs____ Cats____ Rabbits____ Other____
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Please list all pets residing at your home (including roommate's pets)

Breed/Type	Age	Sex	Spayed or Neutered		Time Owned	Where is pet kept
		F M	Yes	No		
		F M	Yes	No		
		F M	Yes	No		
		F M	Yes	No		

<p>Do any members of the family have allergies specific to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Please answer all De-claw questions</p> <p>Do you prefer a de-clawed cat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you plan on de-clawing this cat? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided</p> <p>Under what circumstances would you decide to de-claw?</p>
<p>Time away from home (check one)</p> <p><input type="checkbox"/> Mostly home all day</p> <p><input type="checkbox"/> Out part time (4-6 hrs)</p> <p><input type="checkbox"/> Away for 8 or more hours</p>	<p>Check one</p> <p>Have you litter box trained a cat/kitten before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you trained a cat to use a scratching post? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you introduced a new cat to resident pet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how did you introduce them?</p>
<p>Check one</p> <p>Where will this cat live? <input type="checkbox"/> Inside house only</p> <p><input type="checkbox"/> Inside & Outside <input type="checkbox"/> Outdoors only</p> <p><input type="checkbox"/> Other _____</p> <p>Where will this cat sleep?</p> <p><input type="checkbox"/> Inside the house <input type="checkbox"/> Outdoors <input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Other _____</p>	<p>When do you anticipate these changes in lifestyle:</p> <ul style="list-style-type: none"> • Moving _____ • Having children _____ • Acquiring other pets _____ • Other _____

Name(s) of CAT(s) you are interested in meeting:

PLEASE READ THE FOLLOWING CAREFULLY

I hereby certify that the above information is true. I understand that any falsification discovered during the adoption process may result in the nullification of this adoption.

I understand that this cat may live 15+ years and I am prepared to give it the medical and emotional care and support that it needs. In addition, I understand that cat expenses ie food, medical care, vaccinations, and supplies may average \$1,200+ annually.

Adoptions are based on best match, thus this application may not necessarily result in the adoption of the animal(s) listed above. Please know that the staff at RCHS strive to achieve the most successful match for both cat and prospective family.

BY SIGNING BELOW I ACKNOWLEDGE HAVING READ THIS APPLICATION, ANSWERED ALL QUESTIONS AND FULLY UNDERSTAND THE RESPONSIBILITY OF ADOPTING A PET.

Applicant's Signature

Date:

TO BE COMPLETED BY RCHS STAFF

Date: _____ Staff Initials _____

Approved

Denied

Comments: