



# Adoption Application

Name of pet(s) you are interested in adopting: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

I live:  alone  with a spouse/partner  with parents  with roommates

Do you rent or own?  Rent  Own

If you rent, provide Landlord name, address, and phone: \_\_\_\_\_

\_\_\_\_\_

Do you have permission from your landlord to get a cat?  Yes  No

Are you aware if a pet deposit or monthly fees (if any) are required?  Yes  No

Would you allow the cat access to the outside?  Yes  No

Would you declaw the cat, if scratching was a major issue?  Yes  No

What is your family's lifestyle like?

Active & on the go  Quite & relaxed  Entertain frequently  Lots of kids in & out  Travel frequently

Do you have children?  Yes  No

If you have children, please list name(s) and age(s):

Name	Age

# About You

Why did you decide to get a cat? \_\_\_\_\_

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What are you looking for in a pet? \_\_\_\_\_

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Who will be responsible for taking care of the cat? \_\_\_\_\_

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How many hours per day will the cat be alone? \_\_\_\_\_

Where will the cat stay when no one is at home? \_\_\_\_\_

When you are home? \_\_\_\_\_

At night? \_\_\_\_\_

How and how often will you exercise/spent time playing with your new cat? \_\_\_\_\_

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Who will care for your cat when you are out of town (vacation, etc.)? \_\_\_\_\_

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Under what condition(s) would you have to give up your cat? \_\_\_\_\_

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# Current Pet and Previous Pet Information

Please provide the following information about your current pets:

Name	Breed	Age	Spayed/Neutered
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If applicable, please provide the following information about any pets you had in the last five years that are no longer with you:

Pet Name & Type	Reason Pet is No Longer with You

Current Veterinarian Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

# Agreements for Adoption

I am prepared to make a commitment to my new cat for its entire life.

I will keep my cat on a regular routine of internal worm preventative.

I will provide flea/tick control, as needed.

I will work with my vet and agree on a regular schedule for wellness visit, vaccinations, and any other tests we agree are necessary for the health and well-being of my cat.

My cat will be an indoor only cat and an important member of my family.

If, for any reason, I am unable or unwilling to keep this cat, I will agree to work with Orchid Springs Animal Hospital to place the cat in a good home.

I am financially able to provide routine and emergency care for this cat for his/her lifetime. This includes but is not limited to food, boarding (if necessary), regular vet care, vaccinations, internal worm and flea/tick preventions.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*Thank you for your interest in adoption!*