

This application is intended to be a guide to help you think about all of the ways that a new cat or dog will impact your life. All of the questions concern various aspects of pet ownership that should be given serious consideration before deciding to share your life with any dog or cat. Please know that we will not adopt to anyone who intends to declaw their cat. If this is your intention, please speak to a Colony Cats representative as to the dangers and risks of declawing.

ADOPTION APPLICATION

Name: _____ (Spouse's Name if app): _____

Address _____

City, State and Zip _____

Phone Number _____
(home) (work) (cell)

E-mail Address _____

adults in your household _____ # Children: _____ What are their ages? _____

Employer(s): _____ How Long? _____

YOUR HOME: Do you rent or own? _____

If rent provide Landlord Name & Phone #: _____

Does your lease/homeowners association restrict ownership of pets? Yes No

Is your yard fenced? Yes No Type of fence _____

Does anyone in the home smoke? Yes No

PERSONAL REFERENCES (friend, neighbor, employer, relative, coworker):

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>
1.	_____	_____	_____
2.	_____	_____	_____

CARE AND RESPONSIBILITY

Are you prepared to make a commitment to care for this dog/cat for the next 10-15 (in the case of a dog) or 18-20 (in the case of a cat) years? Yes No Don't know

What is your age? under 21 yrs; 21-40 yrs; 41-65 yrs; Over 65 yrs

Are you prepared to commit to find a home where you can keep this dog/cat if/when you move during the next 10-20 years? Yes No Don't know

Are you financially prepared to deal with the cost of both routine (vaccinations, annual examination, dental cleanings, heartworm preventative, etc.) and non-routine/emergency veterinary care of this dog/cat? Yes No Don't know

Approx how many hours/day will your pet be alone? 1-3 hrs 4-6 hrs 8 or more

Where will your dog/cat sleep at night? _____

Where will the dog/cat spend most of the day? _____

If you become unable to care for your pet(s) (such as being incapacitated or upon your death), do you have a plan in place as to what will happen to them? _____

Who will have primary responsibility for the care of the dog/cat? _____

If you are considering adopting a cat, do you intend to declaw him/her? Yes No Unsure
If unsure/yes, why? _____

(Colony Cats Rep please counsel applicant and have applicant initial here after discussing: _____

How many days are you willing to spend adjusting to and helping the new pet adjust to your home and lifestyle? _____

Under what circumstances would you not keep the pet if behavioral issues develop? _____

Are you willing to contact an animal behaviorist or trainer, if necessary? _____

HISTORY OF PET OWNERSHIP: What animals currently live in your household?

TYPE & name	Age	Sex	Spayed/neutered	Owned how long
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Are these pets housed inside or outside? (please explain) _____

What pets have you had in the past 5 years?

TYPE	Owned how long	What happened to pet
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CURRENT VETERINARIAN (include phone#):

Which pet would you like to adopt and why? _____

All the information that I have provided above is true and complete to the best of my knowledge. Should a dog or cat be placed with me, it will reside in my home as a pet. I agree to provide the dog/cat with adequate food, water, shelter, affection and medical care.

How did you find the pet you are interested in adopting? _____ internet _____ adoption event
_____ posted flyer _____ Off-Site Store Referral from: _____ other: _____

Signature of Applicant: _____ Date: _____

Colony Cats Staff to complete:

Application Accepted By: _____

Residence check/initials: _____

Veterinarian check/initials: _____