|  |
| --- |
| Adoption ApplicationDVM CK\_\_\_\_\_\_\_\_\_ RENT CK\_\_\_\_\_\_\_\_ ACT Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SB scanned\_\_\_\_  |

|  |  |
| --- | --- |
| Your Full Name |  |
| Street Address |  |
| City, State, Zip Code |  |
| Best Phone Number |  |
| Best Email Address |  |
| Rent or Own Your Home? |  |
| If you rent, please provide landlord’s name and phone number for confirmation that you are allowed to have a pet. Failure to obtain confirmation may result in an adoption delay or denial. |  |

## Existing or Past Pets

|  |  |
| --- | --- |
| How many pets do you currently own and what type of animals are they? |  |
| Are they all current in their vaccinations and spayed or neutered? |  |
| Have you ever surrendered a pet and why? |  |
| Please provide your vet’s name and phone number. |  |

## New Cat Information

|  |  |  |  |
| --- | --- | --- | --- |
| Will this be an indoor or outdoor cat? |  | Have you already purchased all of the basic supplies for your new cat? (litter, box, food, toys, carrier) |  |
| Over the life of a cat it can cost $7,000 or more to care for it. Are you prepared for that financial commitment? |  | If you are away for an extended period of time, are you prepared to arrange care for your cat while you are gone? |  |
| Pets are like children and can sometimes require emergency medical treatment. Are you able to afford the expense of an emergency vet visit for your cat? |  | If children live in the home, please list their ages. |  |
| If you move will you bring your cat with you? |  | What is the longest amount of time your new cat will be alone each day? |  |
| Does anyone in the household have a cat allergy? |  | Do all members of your household agree that they would like a new cat? |  |

## Agreement and Signature

### By signing below you are stating that all information provided on this application is true to the best of your knowledge and that you give Cat Welfare Association permission to contact your landlord and veterinarian, if applicable.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

**FOR CWA STAFF ONLY**

**Adoption Checklist**

**ACT Initials: \_\_\_\_\_\_\_\_ Cat / Kitten ID # \_\_\_\_\_\_\_\_\_\_\_**

Does the cat's microchip number match the number in Shelter Buddy? YES / NO

Has the cat been checked over? Nails trimmed, Vacc updated? YES / NO

If adopter rents, has a landlord approval been requested? YES / NO

Has a vet check been requested by ACT? YES / NO

If the cat has a medical waiver has the adopter spoke to a member of the medical team? YES / NO

Has this adoption application been approved by ACT? YES / NO

**FRONT OFFICE: (Please check all that apply)**

If requested, has a landlord check been completed?\_\_\_\_\_\_

If requested, has a vet check been completed?\_\_\_\_\_\_

Has the adoption application been approved by ACT?\_\_\_\_\_\_

If this cat requires a medical waiver, has the medical waiver been signed? \_\_\_\_\_

Has the front desk staff reviewed the 30 day health policy and the return policy

with the adopter? \_\_\_\_\_\_

Has the adopter signed the adoption agreement? \_\_\_\_\_\_

Has the front desk staff signed the adaption agreement? \_\_\_\_\_\_

Has the adopter been given an adoption packet which includes the New Cat

Acclimation Guide?\_\_\_\_\_\_

Has the front desk staff reviewed important points from the New Cat Acclimation

Guide with the adopter? \_\_\_\_\_\_

All steps are complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_