

SARG Cat Adoption Application Form/Contract

1. Existing cats within the home must be tested negative for both Feline Leukemia and FIV.
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: