

**PLEASE BE
SURE TO FILL
OUT BOTH
SIDES OF THIS
APPLICATION.**

Cat's Name: _____ Breed: _____
Color: _____ Age _____ Sex: _____
Foster's Name: _____
(this section to be filled out by rescue group)

Cat Adoption Application

PLEASE PRINT CLEARLY

ARRF Animal Rescue
Resource Foundation
1611-A S. MELROSE DR. #5 VISTA, CA 92081
www.arrf.cc • 619-589-9334 • 760-522-7836

Name: _____ Date: _____

Spouse/Roomate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Work: (____) _____ Cell: (____) _____

E-mail: _____

Occupation: _____ Spouse's Occupation: _____

Employer: _____ Spouse's Employer: _____

PERSONAL REFERENCES

Name: _____	Name: _____
Phone: _____	Phone: _____

1. Do you live in a: House__ Condo__ Apartment__ Mobile Home__ Military__ Other_____
2. How long have you lived there? _____ Years _____ Months
If less than 2 years, please give previous address _____
How long did you live in previous place? _____
3. Do you? **Rent Own**
4. If yes do you have your landlord's permission to have a cat? **Yes No**
5. May we contact your landlord? **Yes No** Name: _____ Phone: _____
6. Do you have a veterinarian? **Yes No** Name: _____
7. Are you willing to provide adequate medical care if this cat should become sick/injured? **Yes No**
8. Healthy cats require annual vaccinations and routine medical care. What would you estimate the cost to be per year? _____
9. Cats can live longer than 15 years and their care may amount to over \$400.00 per year. Are you prepared to accept this kind of responsibility for his/her entire life? **Yes No**
10. Would you object to an inspection of your home by an ARRF representative? **Yes No**
11. Is anyone in the household allergic to animals? **Yes No** If yes, are they on medication to control the allergies? **Yes No**
12. Have you ever owned a cat before? **Yes No** If yes, what happened to them? (If deceased please state cause of death and how long ago) _____

13. Do you currently own any animals? **Yes No** Number of Cats _____ Number of Dogs _____
 13A. Give Breed, Sex, and Age _____
14. Have they all been spayed/neutered? **Yes No**
 15. If you have a dog or dogs, are they licensed? **Yes No**
 16. When were your cats last vaccinated? _____
17. Do you have a swimming pool? **Yes No** If yes, how is it fenced/covered? _____
18. Where will the litter box be kept? _____
 19. Do you have screens on all your windows? **Yes No**
 20. Do you have a balcony? **Yes No**
 21. Do you plan to have the cat(s) declawed? **Yes No**
 22. Do you have children at home? **Yes No** If yes, what are their ages? _____
23. On the first night home where will the cat sleep? **(Please be specific)** _____
24. Who will be responsible for feeding, grooming and training your new pet _____
 25. How soon after the cat arrives home will it be left alone? _____
 26. How often do you travel _____
 27. How do you plan to provide for the cat when you are out of town? _____
 28. What will happen to the cat if you move? Locally? _____
 Out of state? _____ Overseas? _____
 29. Under what circumstances would you not keep this cat? Divorce _____ Move _____ New Baby _____
 New Job _____ Illness _____ Training issues _____ Other _____
 30. Cats have been known to claw furniture, carpet and drapes, dig in potted plants, etc. How do you plan to deal with these potential problems? _____
30. Why do you want a cat? _____
31. Why have you chosen this cat? _____
 32. If applicable, why do you want a kitten? _____
33. How did you learn about this cat? Union Tribune _____ NCT _____ 800-Save-a-Pet.org _____
 Petfinder.com _____ Radio _____ TV _____ ARRF.cc _____ Adoption Event _____ Other _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, AND THAT ANY FALSE INFORMATION MAY RESULT IN NULLIFYING THE ADOPTION.

I UNDERSTAND THAT FILLING OUT THIS APPLICATION DOES NOT ENSURE THAT I WILL BE SELECTED TO ADOPT THIS CAT.

I give ARRF permission to add my email address to their newsletter mailing list.

Signature: _____ Date: _____