



Thank you for considering adopting a cat from us! Before completing our application, please read our adoption policies below.

ADOPTION POLICIES

- **Animals must be indoors only unless otherwise stated.**
- **Animals cannot be declawed.**
- **Animals cannot be given as gifts.**
- **A veterinary reference showing good routine preventative care and consistently current vaccines is required. If this is your first pet we will accept one from an immediate family member.**
- **Many of our cats/kittens must go to a home where there is another age appropriate and friendly cat. Please check cage cards and Petfinder for this and any other restrictions specific to an individual cat.**
- **Military families must show proof of a long distance PCS with a pets.**
- **Children 6 years of age and under must meet with the animal to ensure compatibility.**
- **Renters must have landlord approval.**
- **Adoptions are a lifelong commitment.**

If you have questions about any of our policies, please email Elizabeth at phcradopt@gmail.com or call (302) 786-2219.

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Our adoption package includes:

- Spay or neuter
- Microchip
- Rabies vaccine
- Distemper vaccine
- FeLV/FIV test
- Heartworm test (cats over 9 months old)
- Fecal test for worms and parasites and treatment if necessary
- Giardia Elisa test and treatment if necessary
- Flea and ear mite treatment and monthly preventative
- Free bag of food
- Free cat flyer and toys
- Free behavioral help for the life of the cat

PURR-FECT HAVEN CAT RESCUE

Pre-Adoptive Cat Adoption Questionnaire

(While applications are normally processed within 72 hours, ones received over the weekend may take several days longer. Please answer all questions fully to help avoid delays in processing your application. Answers left blank or unreadable may cause your application to be denied.)

Name of cat you wish to adopt: _____ **Date:** _____

Your Name _____ Date of Birth _____

Name of Spouse/Roommate _____

Phone (h) _____ (w) _____ (c) _____ Best time to call _____

Address _____

City _____ State _____ County _____ Zip Code _____

E-mail address _____

Confirm e-mail address _____

(Our ability to contact you by email will help us complete your application more quickly.)

How many times have you moved in the past 5 years? _____

How long have you lived at the present address? _____ Do you own? _____ Rent? _____

Family home? _____

Landlord's name _____ Landlord's phone number _____

Where do you live? House _____ Condo/Apartment _____ Mobile Home _____

Student or Military Housing _____

Does your apartment/condo association allow pets? _____ How much is the pet deposit? _____

Are you able and willing to provide a permanent home for this animal for 10-15 years? _____

Employer _____

Occupation _____ Driver's License # _____

Spouse/Roommate's Employer _____

Occupation _____

Are you a full time student? _____

Are you planning to move within the next six months? _____ If yes, where? _____

What are your plans for your pet(s) if you are moving? _____

Are you or any member of your household in the military? _____ Is there a chance they or you will be deployed overseas? _____

What will you do with the cat if you need to relocate? _____

How many adults in your household? _____ How many children under the age of 18? _____

What are the childrens' ages? _____

Has anyone in your household been told they were allergic to cats or dogs? _____

Does anyone in your household smoke? _____

Are all members of your household aware of your plans to adopt a cat? _____

Who will be responsible for providing daily care for the cat? _____

Please list 2 local references (at least one reference must not be related to you)

Name _____ Address _____

Relationship _____ Phone _____ Time acquainted _____

Name _____ Address _____
 Relationship _____ Phone _____ Time acquainted _____

Pet History

What pets do you **currently** have in your home, even if they legally belong to someone else? (Please include small caged animals and dogs and cats that live outside). Use additional paper if necessary.

NAME	TYPE OF ANIMAL AND BREED	AGE	SEX	SPAYED/ NEUTERED	CATS DECLAWEED?	WHERE KEPT?	TIME OWNED
				Y N	Y N Front All		
				Y N	Y N Front All		
				Y N	Y N Front All		
				Y N	Y N Front All		

Do any of your pets (of any species) have health or behavioral issues beyond those associated with old age? _____
 What problems do they have? _____

What pets have you had in the past 5 years that no longer reside with you for any reason?

NAME	TYPE OF ANIMAL AND BREED	AGE	SEX	SPAYED/ NEUTERED	CATS DECLAWEED?	TIME OWNED	WHY YOU NO LONGER HAVE THEM
				Y N	Y N Front All		
				Y N	Y N Front All		
				Y N	Y N Front All		
				Y N	Y N Front All		

Who is your veterinarian or family veterinarian? _____ Phone number _____

How long have you been a client? _____

If less than 8 years who was your previous veterinarian? _____ Phone number _____

Name(s) record is under if different from name on this application _____

(To avoid delays in our processing of your application please call your Veterinary office to authorize release of information on your pet's record.)

Have you ever surrendered any animal to a shelter in the past? _____ Why? _____

If you have dogs, are their vaccinations current? _____ Distemper _____ Rabies _____

Is your dog on monthly heartworm preventative? _____ If no, why not? _____

If you have cats, are their vaccinations current? _____ Distemper _____ Rabies _____

Has your cat(s) been tested for the Feline Leukemia and Feline Aids viruses? _____ When? _____

Results _____

Do you plan on de-clawing your new cat? _____ If yes, do you plan on de-clawing all 4 paws? _____

Where will your new cat be kept? Indoors _____ Outdoors _____ Both _____

If your cat will be kept indoors, what limitations or restrictions will you have for your cat, i.e. will the cat have full run of the house, confined during certain times of the day, not allowed in the bedrooms, etc? _____

How long will your new cat be alone during the average 24 hour period? _____

Are you willing and able to pay an average of \$150.00 per year in **basic** veterinary care? _____

Should your cat become ill or injured, are you willing and able to pay **at least** \$300-\$600 in medical costs? _____

What is your main reason for wanting to add a cat to your family? (Circle all that apply) Family pet, companion, children's pet, Mouser, barn animal, other (please specify) _____

Why did you choose this particular cat? _____

**We at Purr-fect Haven consider it our responsibility to find the best home possible for our animals. If the animal that you are interested in is already adopted, or we feel that it may not be a good match for you or your family, would you consider another animal? _____

I hereby certify that the information supplied by me on this form is accurate and has been provided in a truthful manner. I have carefully read the Adoption Guidelines listed on the first page of this application and agree to the terms.

- **Purr-fect Haven has the right to approve or deny my application for any reason, speak with my veterinarian regarding my pets' medical histories, and to investigate any and all statements made by me or other members of my household in regards to this application.**
- **I am eighteen (18) years of age or older.**
- **I have the consent of all adults living in my household.**

Name (please print)

Signature

Date