

# CAT ADOPTION APPLICATION

This form is in no way intended to discourage adoption and is only used as a tool to match you with the best pet for your household.

Date: \_\_\_\_\_ Name of animal: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ How did you hear about SPAR? \_\_\_\_\_

Are you over 18 yrs of age? Y / N Are you a college student or living with parents? Y / N

Pet is for: FAMILY / MYSELF / CHILD / OTHER If other, please explain: \_\_\_\_\_

***The following questions refer to where the pet will be living:***

I live in a: HOUSE / DUPLEX / CONDO / APARTMENT / OTHER Do you: OWN / RENT

If rent, landlord's/complex's name and phone number: \_\_\_\_\_

If rent, are you aware of and willing to pay pet deposit? \_\_\_\_\_

Do you have a fenced yard? Y / N If yes, what type/height? \_\_\_\_\_

Years at present address: \_\_\_\_\_ Planning to change residence in the near future? Y / N

Number of persons in household: \_\_\_\_\_ Anyone in family with pet allergies? Y / N

Children at home? Y / N Ages: \_\_\_\_\_

Work full-time? Y / N Place of business: \_\_\_\_\_

Average hours per day pet will be alone and where kept: \_\_\_\_\_

Are you a new pet owner? Y / N Is this your first adoption? Y / N

Will pet be: STRICTLY INDOOR INDOOR/OUTDOOR STRICTLY OUTDOOR

Type of shelter provided for animal when outdoors: \_\_\_\_\_

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***The following questions refer to current and previous pets in household:***

Are there other pets currently in your household? Y / N

If yes, please complete following:

PET'S NAME	SPECIES / BREED	AGE	SEX	INDOOR/OUTDOOR	SPAYED/NEUTERED
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N

**Are all pets in household current on vaccinations?** Y / N

**Are all dogs in household receiving monthly heartworm preventative?** Y / N

**Do any cats in household test positive for FIV or FeLV?** Y / N

**Please list any previous pets, living or not, you've owned during the last 5 years:**

\_\_\_\_\_

\_\_\_\_\_

**Veterinarians or animal clinics used, for current or previous pets, during the last 5 years:**

\_\_\_\_\_

\_\_\_\_\_

**Other Comments** \_\_\_\_\_

\_\_\_\_\_

**This questionnaire will be reviewed by a SPAR representative. You may be asked further questions in order to help match you with the best pet for your household. SPAR reserves the right not to adopt any particular pet to any particular home. Our goal is to make the best match between person(s) and pet(s) to help assure a successful long-term (life) adoption. Thank you so much for your interest in adopting one of our pets. The adoption fee covers spay or neuter and current vaccinations, including a heartworm test.**

**Home visits may be made by the foster of this pet and follow up phone calls or emails are mandatory. Calls to your vet to determine your previous pet care may be made. The continued basic care of this animal is expected including heartworm preventative and yearly shots. If not neutered at time of adoption, all animals will be neutered by the age of 6 months using the enclosed voucher in adoption packet.**

**You may contact spar at 405-702-7727. Web site: [www.savingpetsatrisk.com](http://www.savingpetsatrisk.com)**

**Signature:** \_\_\_\_\_

**Date:**