



Animal Welfare League of the
Greater Capital District, Inc.

CAT ADOPTION APPLICATION

Cat's Name _____ **Tag#** _____ **Sex** _____ **Description** _____

The Animal Welfare League of the Greater Capital District, Inc., AnimaLovers, is responsible for the welfare of the cats we place, and takes great care in selecting appropriate homes for each. Please fully complete the following application to assist us in this endeavor. Completion of this application is an adoption requirement, but does not imply or guarantee approval. AnimaLovers reserves the right to use its own discretion in choosing the best adopter for a specific cat.

Name: _____ **Date of birth:** _____

Address: _____

Home phone: (____) _____ **Cell:** (____) _____

Email: _____

Ages of people living in the home: _____ **How long have you lived at this address?** _____

If less than 1 year, previous address: _____

If you rent, list landlord's contact information. AnimaLovers will contact him/her to confirm permission to adopt.

Landlord's name: _____ **Phone number:** (____) _____

Employer: _____ **Work phone:** (____) _____

Length of employment: _____ **Position:** _____ Part time Full time

Previous employer, if less than 1 year: _____ **Work phone:** (____) _____

Length of previous employment: _____ **Position:** _____

If you are not employed, what is your source of income? _____

Are you a student? Yes No **Expected graduation date:** _____

Pet Ownership: List all pets (living or deceased) owned by your household in the past five years. (Use back if needed.)

Type of animal	Name	Age	Spayed/Neutered? (Y/N)	Still owned? (Y/N)	If not still owned, why not?

What pet personality characteristics do you prefer? _____

What activity level best suits your family? Low Medium High No preference

Do your current pets get along with cats? Yes No Don't know

Have you previously adopted from (check all that apply): AnimaLovers Other rescue group Shelter

If you adopted from another rescue group/shelter, please list: _____

Veterinary Information: *AnimaLovers may use this information to contact your veterinarian.*

Veterinarian's name/location: _____

Date/reason of last visit: _____

Are pets listed under your name? Yes No If not, what name is used? _____

Additional Information:

Do you agree to accept the responsibilities of pet ownership, including medical care, feeding, grooming, and adhering to recommended vaccination schedules? <input type="checkbox"/> Yes <input type="checkbox"/> No	What problems or circumstances would make you return a pet to us? (check all that apply) <input type="checkbox"/> Activity Level <input type="checkbox"/> Cost of Care <input type="checkbox"/> Chewing <input type="checkbox"/> Moving <input type="checkbox"/> Shedding <input type="checkbox"/> Shyness/Fear <input type="checkbox"/> Scratching <input type="checkbox"/> Not getting along with existing pets <input type="checkbox"/> New pets/children in household <input type="checkbox"/> Jumping on counter/furniture <input type="checkbox"/> Other _____ <input type="checkbox"/> You would not return a pet to AnimaLovers under any circumstances	Do you understand that a new cat may take several weeks to adjust to you, its new home and other pets? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to give the cat that time? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you previously had a declawed cat? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan to declaw this cat? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If you currently have cats, do they go outside? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this cat go outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
What arrangements have you made for your pets if you are no longer able to care for them? _____ _____		
Have you ever had to give up a pet, including surrender to a shelter or rescue group? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances: _____ _____		
How did you hear about AnimaLovers? <input type="checkbox"/> PetSmart <input type="checkbox"/> A/L website <input type="checkbox"/> Craigslist <input type="checkbox"/> Internet search <input type="checkbox"/> Other		

Signature _____ Date: _____

PLEASE PROVIDE PICTURE IDENTIFICATION (PREFERABLY DRIVER'S LICENSE) WHEN SUBMITTING YOUR APPLICATION.

AL use only	Applicant's driver's license #	State	
	Spoke to landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Left message <input type="checkbox"/> N/A		
	Date/comments: _____		
	Application is: <input type="checkbox"/> Approved <input type="checkbox"/> Pending If pending, list reason and date: _____		
	Signature of AL volunteer	Date of application approval: _____	