

Animal Rescue Foundation (ARF) ·
366 Main Street, Terryville, CT 06786
Telephone (860) 583-3089 • Website: arfct.org

Adoption Application for Cats & Kittens

Please Print Clearly:

Name: _____ Email: _____
 Address: _____ City: _____ Zip: _____
 Primary Phone: _____ Alternate Phone: _____

Thank you for considering adoption of one of our cats/kittens. You will be making a 10-20 year commitment to the cat/kitten you adopt and our goal is to help make the best match possible for you and the cat/kitten you are interested in. The following question will help us achieve

- 1) Do you currently live in a House Apartment Condo Other: _____
- 2) Do you currently Rent Own Lease the residence where you live?
- 3) How long have you lived at your current residence? _____

If not property owner, Animal Rescue Foundation has my permission to verify current pet policy
Landlord's Name: _____ Telephone #: _____

- 4) How many adults live in your home? _____ How many children? _____ Ages: _____
- 5) Who will be primarily responsible for the care of this cat/kitten? _____
- 6) Is this cat a gift? Yes No If yes, for whom? _____
- 7) Which of the following best describes your reasons for wanting this cat? (Check all that apply)
Companion For kids Companion for pet Other: _____
- 8) Will this cat/kitten be: Indoor Outdoor Indoor & Outdoor
- 9) Where will the cat/kitten be kept when no one is home? _____
- 10) Do you plan to have the cat declawed? Yes No If yes, why? _____
- 11) Have you had pets in the past (as an adult) Yes No
- 12) **Please list all of the pets you have had within the last 10 years including current pets, and those you no long own:**

Breed (Cat, Dog, Other)	Age	Sex	Spayed /Neutered	Owned how long?	What happened to him or her?

- 13) If you have other pets, are their vaccinations current? Yes No
- 14) Do you have a regular veterinarian? Yes No Name: _____
 Address: _____ Telephone #: _____

We ask that you please contact your veterinarian and inform them that an authorized member of the Cat Adoption Team at ARF will be contacting them to discuss your current/past pet ownership (are animals kept up to date on vaccination, are they brought in when sick/injured, etc.)

- 15) Under what circumstances would you not keep this cat/kitten? _____

If for any reason you are unable to keep the cat/kitten you have chosen, we ask that you please return him/her to the shelter. We will always accept them back into our care.

- 16) Please provide us with one reference (not a family member):
 Name: _____ Telephone #: _____

- 17) Please check the topics you would like our staff to discuss with you today:
- | | | |
|---|---|---|
| <input type="checkbox"/> Indoors vs outdoors | <input type="checkbox"/> Litterbox issues | <input type="checkbox"/> Declawing |
| <input type="checkbox"/> Introduction to other pets | <input type="checkbox"/> Scratching furniture | <input type="checkbox"/> Cats with kids |
| <input type="checkbox"/> Nail trimming | <input type="checkbox"/> Grooming | |

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Animal Rescue Foundation (ARF). I understand that all animals adopted from ARF must successfully pass a health and temperament screening and must be spayed or neutered before they are released from the shelter.

Applicant Signature: _____ Date: _____

Reviewed by: _____ Approved Denied

Notes: _____

