



The Sanctuary at Haafsville Feline Adoption Application

In order to be considered as a guardian, you must:

*Be 18 years of age.

*Have a valid photo I.D. showing your current address.

Have consent from your Landlord/Homeowner.

*Understand that the Sanctuary at Haafsville has the right to verify all information on this application, including a home visit, reference and vet check.

Although the Sanctuary at Haafsville eagerly seeks placement of its animals, experience has shown that some situations are not consistent with the welfare of the animal. Unsatisfactory placement can result in an unpleasant experience for your family and can traumatize the pet. We reserve the right to refuse any placement we consider unsatisfactory. This is not a reflection on you personally, but simply that a particular pet may not do well in your situation. We feel our experience in this area must be our guide to a successful adoption.

Animals rescued by the Sanctuary at Haafsville come from a variety of situations. Upon arrival, all cats are given preliminary medical care and health checks. All cats are monitored while in foster care but there is always a chance that the cat is harboring an illness without showing any symptoms. Are you prepared to be fully responsible for immediate medical care for this animal if illness should occur? Yes No

Yearly vet exams are integral to the health of any pet. Spaying/neutering and vaccinations are required by state law. Annual vet visits for an altered adult cat can cost anywhere between \$50-100. Kittens can cost double this amount due to initial monthly vaccinations and wormings. Food, litter, and other supplies can cost \$100-200 for each pet each year. Do you have the financial resources to properly care for this animal? Yes No

The average cat has a life expectancy of 12-20 years. Are you prepared to care for this cat for its entire life? Yes No

How long have you been thinking about adopting a cat/kitten? _____

Have you ever adopted from us before? If so, when and where is this pet now? _____

Personal Information:

Name: _____ Driver's License Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell/Work Phone: _____

Email address: _____

Reference (please state family, friend, neighbor or other): _____

Name: _____ Contact Number: _____

Are you a student? Yes No

Household Information:

Do you live in a: House Apartment Townhouse Mobile Home

Do you: Own Home Rent Live with parents

Landlord's or Parent's Name: _____ Contact Number: _____

Do you have plans to move? If so, when? _____

Have you ever moved while owning a pet? What happened to your pet? _____

Describe your household activity: Quiet Average Active Noisy

Number of Household Members? _____ Number of Adults _____ Number of Children Ages _____; _____; _____; _____

Does anyone in your household have allergies to animals? _____

What will you do if someone in your household develops allergies to this pet? _____

If you are planning on having a family in the future, will your pets be included as part of the family or do you feel that pets could be harmful to a future baby? _____

Veterinarian and Pet Care Information:

Please list pets that you have now or have had within the past 5 years:

Type (Cat/Dog/Other)	Age	Sex (M/F)	Neutered? (Yes/No)	Kept Where? (Indoor/Outdoor)	Pet's Current Status (Alive/Deceased/Rehomed/etc.)

My Veterinarian is: _____ Contact Number: _____

Please contact your vet and give them permission to speak with a member of our adoption team.

Are your pets current with their vaccinations and vet care? _____ Yes _____ No _____ Don't Know

When was the last time your pet had a vet visit? _____

If you have a dog, is your dog friendly around cats? _____ Yes _____ No _____ Don't Know

Do you plan on declawing this cat if it is not already declawed? _____ Yes _____ No

Will your cat be allowed outdoors? _____ Yes _____ No _____ Undecided

If yes or undecided, under what conditions? _____

Have you ever had a pet that: _____ Was hit by a car _____ Ran away _____ Died of natural causes

Have you ever given a pet away? _____ Yes _____ No

If yes, why, to whom and where is the pet now? _____

Pet Preferences:

What is your past experience with cats?

_____ First time owner _____ Have had one or two cats _____ Had a cat as a child _____ Experienced

Why do you want to adopt a cat? Please check all that apply.

_____ Companion for family _____ Companion for current pet(s) _____ Indoor Mouser _____ Breeder

_____ Barn Cat _____ Gift - For whom?: _____

What personality traits are you seeking in a cat? Please check all that apply.

_____ Active/High Energy _____ Very Affectionate _____ Lap Cat _____ Quiet _____ Independent

_____ Easy-going/Gentle _____ Curious _____ Outgoing/Extroverted _____ Shy/Introverted

Do you prefer: _____ Male _____ Female _____ No preference

If applicable, name of cat(s) interested in? _____

Where will your cat be when you are not home? _____

How long do you expect your new pet to adjust to your home? _____

Would you like information on: _____ Litter training _____ Scratching prevention _____ Feeding

_____ Vaccinations/Vet care _____ Introducing a new pet _____ Other - explain _____

How did you first learn about The Sanctuary at Haafsville? _____ Website Search _____ Newspaper Ad _____ Social Media

_____ Recommendation by Friend or Vet _____ Other - Please explain: _____

By signing below, I am agreeing that the above information is complete and correct. I understand that if reference checks do not correspond with the information I've provided, I will be denied for adoption.

Signature: _____ **Date:** _____