

Suzie's Cat Refuge

Adoption Application for (name of cat): _____

1) Full Name: (First) _____, (Middle) _____, (Last) _____

2) Date of birth: ____/____/____

3) Complete home address:

4) Primary telephone number: (____)-____-____

5) E-mail address: _____@_____

6) Number of adults in your household: ____ Ages? _____

7) Number of children in your household: ____ Ages? _____

8) Employment status (circle one): Full-time / Part-time / Seasonal / Independent Contractor / Retired / Unemployed

9) Type of home (circle one): Apartment / House / Condo / Duplex / Townhome / Other (please specify) _____

10) Do you own or rent your home? _____ **(If rent, please include a copy of your residence pet policy)**

11) How long have you lived at your current residence? ____yrs, ____mos

12) Are cats allowed at your current residence? (Yes / No)

13) Do you plan to move within the next twelve months? (Yes / No)

14) Have you previously owned a cat? (Yes / No)

15) Do you currently own any pets? (Yes / No) If so, what kind, and how many?

16) In a typical year, how often do you travel? _____

17) Has any member of your household been convicted of a violent crime, including animal abuse, child abuse, sexual assault, domestic assault, armed robbery, or any crimes involving the use of a lethal weapon? (Yes / No / Unknown)

18) Is anyone in your household allergic to cats? (Yes / No / Unknown)

19) What would you do if a person living in your home developed an allergy to the cat?

20) Place a checkmark next to any items on the following list that you are **NOT** able or willing to provide to your cat. Or, simply check the item at the very bottom:

<input type="checkbox"/>	Shelter
<input type="checkbox"/>	Water
<input type="checkbox"/>	Dry cat food
<input type="checkbox"/>	Canned cat food
<input type="checkbox"/>	Litter box
<input type="checkbox"/>	Scratch posts
<input type="checkbox"/>	Cat furniture, including cat beds, climbing towers, etc.
<input type="checkbox"/>	Cat toys
<input type="checkbox"/>	Daily attention
<input type="checkbox"/>	Regular grooming (brushing, ear cleaning, trimming nails, etc.)
<input type="checkbox"/>	Microchip, or a collar with an ID tag
<input type="checkbox"/>	Routine veterinary care, including exams, annual vaccinations and dental cleanings, etc.
<input type="checkbox"/>	Emergency veterinary care in the event of a serious illness or injury
<input type="checkbox"/>	All of the above will be provided to my cat

***note: Having some of these items checked (or not) does not necessarily eliminate, or guarantee you as an adoption candidate. This simply helps to assess the level of care that you are able and willing to provide, so that the cat can be placed into the most suitable home.**

Additional comments regarding the level of care that you will provide to your cat (Optional):

21) If you allow your cat to roam outdoors, will the cat be supervised, or kept on a leash? (Yes / No / Cat will be kept indoors only)

22) Would you ever declaw your cat? (Yes / No)

23) Have you ever surrendered an animal to a shelter or rescue group? (Yes / No) If yes, what were the circumstances?

24) What will you do if your cat develops a behavior problem, including (but not limited to) aggression toward kids or other pets, urinating outside of the litter box, scratching furniture, or destroying household items?

25) Do you have friends, family, or other reliable persons to look after your cat in the event that you go on vacation, or for any other reason, you are (temporarily or permanently) unable to care for your cat? (Yes / No)

26) In three sentences or more, please outline your primary reason for adopting a cat at this time.

By signing this application, I certify that all questions therein are answered truthfully to the best of my knowledge. I certify that I have read the Parenting Guide for the above-referenced cat, and thus understand the cat's particular needs. I understand that a home visit will be required (by appointment) before my application will be approved, and that Suzie's Cat Refuge reserves the right to reject my application for any reason.

Applicant's Signature: _____

Date: ____/____/____

Please submit to suzie_kins@hotmail.com with the subject heading "application," or mail it to:

Suzie's Cat Refuge
c/o Rachel Pouliot
P.O. Box 21586
Minneapolis, MN 55421