

#### **SOKS Rescue Adoption Application**

## APPLICANT'S CONTACT INFORMATION First Name Last Name Age Street Address State Zip City Day Phone Evening Ph. Cell **Email** PLEASE MAKE SURE YOUR EMAIL IS CORRECT AND LEGIBLE. WE WILL CONTACT YOU WITH STATUS ON YOUR APPLICATION BY EMAIL. APPLICANTS BACKGROUND INFORMATION 1. Name of cat you are interested in: 2. Why do you want to adopt a cat? 3. Are you considering this cat/kitten to be (choose one): Indoor only Outdoor only Both an indoor and outdoor Yes 4. Do you have an enclosed yard? No If yes, how tall is the fence? Feet 5. Where will your cat sleep? 6. How long will your cat be alone during the day/night and where will it stay during your absence? 7. Who will be primarily responsible for your cat's care? Yes 8. Do all members of your household want a cat? No If no, who is not in favor?



#### **APPLICANT'S BACKGROUND INFORMATION continued**

9. Did you know that cats require yearly vaccinations?	Yes	No
10. Would you consider declawing your pet if it scratches your furniture?	Yes	No
11. What will you do if your cat develops behavior problems (e.g., cat box problems, spraying	ı, scratching)?	
12. Veterinary costs can be quite high, sometimes in thousands of dollars. Are you financially able and willing to take care of any medical issues that your cat might have?	Yes	No
If not, what is your plan if your cat needs medical care that you cannot afford?		
Are you familiar with Care credit card accounts?	Yes	No
13. Are you willing to give your cat back to Rescue if you cannot care for it anymore?	Yes	No
14. Do you currently have a veterinarian?	Yes	No
If yes, what is their name and contact information?		
Name Phone		
Address (Street, State, Zip Code)		
15. You will be sharing your life with a cat for up to 20 years. During this time, the animal is completely dependent upon you for food, shelter, health and veterinary care. Are you willing and able to make this lifelong commitment?	Yes	No
16. How many people live in your household? Number of adults Number of	of children	
17. Do you have children who visit you?	Yes	No
If yes, what are the children's ages?		



. How many other pets	s live in your	household?		Please describe each pet below:				
Type of Animal	Age	Gender	Spayed/Neutered	? Vaccines Cu	ırrent?	Where Pet L	ives?	
9. Besides the pets list	ed above, ho	ow many ani	mals have you had i	n the past?		Describe each	n pet belo	
Type of Animal Age G		Gender	Spayed/Neutered?	Where did the pet live?		What happened with it		
0. Have you ever had to	o re-home or	give an ani	mal up to the shelter	?		Yes	No	
yes, please explain wh	at happened	1?						
1. Do you own or rent tl	he house wh	ere you live	?			Own	Re	
rent, please supply you	ur landlord's	contact info	rmation (we must ve	rify with your la	ndlord tha	t cats are allowe	d):	
andlord's Name					Phone			
mail (if available)								
2. Do you have a backı	up plan for yo	our cat if you	ı move and your nex	rt residence doe	es not allov	w cats?		
3. If you are unable to base), who will take care				iod of time (e.g	., vacation	, emergency or l	ousiness	
4 Would you agree to a	a home visit	to ensure it	is secure for a net?			Yes	No	



Name	Relationship to you	Phone
26. Top 5 reasons why people	who adopted cats give them up are:	
<ul><li>a. Allergies</li><li>b. Moving or divorce</li><li>c. Having a baby</li></ul>	<ul><li>d. Too destructive or bad habits (marking e. Cannot afford vet bills</li></ul>	)
Do you think that any of the iss consider giving up your cat?	sues mentioned above might make you	Yes No
are not willing to work with you happening in your family or ho but it takes time, knowledge, a care necessary to provide a lo	ptions in their lives which can result in behavioral propriate reat when it develops behavioral problems and/or usehold, please do not consider adopting a cat. Moind patience. Please be sure you have thought this eving, permanent home for a pet.	medical issues because of changes st behavioral problems can be remedied out and are ready to devote all time and
Adoption application fee is \$10 deworming, vaccinations, and	00. These fees help SOKS cover some medical cost microchipping.	ts associated with our cats: spay/neuter,
Please read and certify the fo	ollowing:	
	that all information in this application is true. I undependent on adopting a cat from Rescue, I will agree and abo	•
Your Signature		Date
For SOKS use only		
•		Date