



1. The reason you would like to adopt a cat: Companion Gift For Child  
Other: \_\_\_\_\_
2. Do you live in a: House Townhouse Apartment Condo Mobile Home
3. Do you: Own Rent If Rental, Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Who will be responsible for taking care of the cat? \_\_\_\_\_
5. Where will the cat be kept: *Inside Outside Both*
6. Where will the cat be kept during the day? \_\_\_\_\_
7. Where will the cat sleep at night? \_\_\_\_\_
8. How many adults live in your house? \_\_\_\_ How Many Children: \_\_\_\_\_ Ages: \_\_\_\_\_
9. Is anyone home during the day? Yes No Who? \_\_\_\_\_
10. What is the average period of time that the cat will be left alone (e.g. work day) \_\_\_\_\_
11. We require that all animals adopted from us be spayed or neutered. Do you agree with this Policy? Yes No If No, please explain: \_\_\_\_\_
12. Who will care for the cat when you are on vacation? \_\_\_\_\_
13. If you move, what will do you with the cat? \_\_\_\_\_
14. Are you willing to take responsibility for this cat for the next 10 years or more? \_\_\_\_\_
15. How much do you expect it will cost to care for this cat each year, including food, veterinary care, grooming, etc. \_\_\_\_\_
16. Under what circumstances or situations would cause you to return the cat?  
\_\_\_\_\_
17. As part of our adoption process we do home visits. Are you willing to have a home visit?  
Yes No If no, why not? \_\_\_\_\_
18. Do you plan to have the cat declawed: Yes No Maybe

19. List 3 personal references (2 non-family) including name, telephone number & relationship:

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Name of Veterinarian for Current Pet(s): \_\_\_\_\_

Name of Animal Hospital or Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last Name on Records: \_\_\_\_\_

Where did your pets receive their vaccinations? \_\_\_\_\_

**If your pet was vaccinated in a clinic, we will need a copy of the proof of rabies vaccination.**

Name of Veterinarian for deceased Pets: \_\_\_\_\_

Animal Hospital or facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last Name on Records: \_\_\_\_\_

**I authorize the release of any and all of my pet/pets' medical information to Pet Rescue of Maryland from the veterinarians listed above:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**To the best of my knowledge, all the information I have provided on this form is true and accurate**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***We reserve the right to refuse the adoption of an animal to anyone.***