

Cat Adoption Application

Pet Rescue of Maryland

Please complete the application form and return it either in person or by email to info@petrescueofmd.org. The adoption process can take up to 2 weeks. This allows us time to complete our process and gives you time to prepare for your new family member. Please answer all the questions. If all the questions are not answered, this will cause a delay in processing your application.

Date: _____

Name of the Cat you would like to Adopt: _____

Color/ Breed: _____

Applicant: _____

Co-Applicant: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Mailing Address (if different): _____

Applicant's Employer: _____ Phone: _____

Co-Applicant's Employer: _____ Phone: _____

Relative's Phone: _____ Relationship: _____

List all the cats and dogs you own **PRESENTLY**:

Name	Cat or Dog	Sex	Dominate Breed	Spayed/ Neutered	If cat, Declawed	Age when you got him/her	How long have you had him/her
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		

List all the cats and dogs you have owned in the PAST:

Only list pets you have had as an adult (please do not include childhood pets).

Name	Cat or Dog	Sex	Dominate Breed	Spayed/ Neutered	If cat, Declawed	Where is he/she now	If Deceased Age and Cause of Death	How Long did you have him/her
				Yes No	Yes No			
				Yes No	Yes No			
				Yes No	Yes No			
				Yes No	Yes No			
				Yes No	Yes No			

In the last 30 days have you applied for a cat with another rescue or shelter? _____

If yes, which rescue or shelter? _____

What is the status of your application? _____

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., workday) _____

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:

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? _____

Name of Veterinarian for deceased Pets: _____

Animal Hospital or facility: _____

Phone Number: _____ Last Name on Records: _____

I authorize the release of all 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.