



ADOPTION APPLICATION - LOVING CARE CAT RESCUE

EMAIL: lovingcarecatrescue@gmail.com

Website: ALOVINGCARECATRESCUE.ORG

LIKE US ON FACEBOOK: [HTTPS://WWW.FACEBOOK.COM/LOVINGCARECATRESCUE/](https://www.facebook.com/LovingCareCatRescue/)

DATE: ____/____/20____

NAME OF CAT(S) YOU ARE INTERESTED IN ADOPTING?

YOUR FULL NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP:

LENGTH OF TIME AT THIS ADDRESS:

HOME PHONE NUMBER:

CELL PHONE NUMBER:

TEXT? Y/N

EMAIL ADDRESS:

Driver's License #:

State:

EMPLOYER:

BUSINESS PHONE NUMBER:

BEST WAY TO REACH YOU? CELL / TEXT/ EMAIL/ HOME PHONE/ BUS PHONE

HOW MANY ADULTS IN YOUR HOME/RELATIONSHIP?

HOW MANY CHILDREN IN YOUR HOME? PLEASE SPECIFY NUMBER AND AGES:

WHAT TYPE OF HOME DO YOU LIVE IN: (CIRCLE ONE) SINGLE FAMILY/TOWN HOME/DUPLEX/APARTMENT/FARM, ETC.

DO YOU RENT/OWN? IF YOU RENT, PLEASE PROVIDE YOUR LANDLORD NAME AND CONTACT #:

IF LESS THAN 5 YEARS AT THIS ADDRESS, PLEASE LIST PREVIOUS ADDRESS(ES)?

WHAT OTHER PETS DO YOU HAVE? NUMBER, NAME(S), AGES, & SPECIES?

HAVE YOU EVERY SURRENDERED/GIVEN AWAY A PET? IF SO, PLEASE EXPLAIN:

IS THERE A CIRCUMSTANCE THAT WOULD CAUSE YOU TO SURRENDER THIS CAT/KITTEN? Y N

IF YES, PLEASE EXPLAIN:

IF YOU SHOULD PREDECEASE OR OTHERWISE BECOME INCAPACITATED, OR FOR ANY REASON WOULD BE UNABLE TO CARE FOR YOUR PET(S), WHO HAVE YOU APPOINTED TO TAKE RESPONSIBILITY FOR THEM? ARE THEY AWARE OF AND HAVE THEY AGREED TO ASSUME THIS ROLE?

DESPITE THE BEST OF CARE, ANIMALS CAN BECOME ILL AND REQUIRE EXTENSIVE AND EXPENSIVE MEDICAL TREATMENT. ARE YOU WILLING TO PROVIDE THE NECESSARY TREATMENT DESPITE THE FACT THAT THE COST FOR DOING SO CAN ADD UP QUICKLY AND BE QUITE COSTLY? Y N

PLEASE PROVIDE THE VETERINARIAN INFORMATION FOR CURRENT AND DECEASED PETS THROUGHOUT THE LAST 2 YEARS:

PRIMARY PRACTICE/VETERINARIAN NAME:

TELEPHONE #:

ADDRESS:

PLEASE INDICATE PETS THAT HAVE BEEN SEEN HERE AND WHETHER THEY ARE ALIVE OR DECEASED:

DOES LOVING CARE CAT RESCUE HAVE YOUR PERMISSION TO CONTACT THIS VET OFFICE AS A REFERENCE FOR YOUR PET(S) CARE? Y N

OTHER PRACTICE/VETERINARIAN NAME THAT HAS TREATED MY PETS:

TELEPHONE #:

ADDRESS:

PLEASE INDICATE WHICH PETS HAVE BEEN SEEN HERE AND WHETHER THEY ARE ALIVE OR DECEASED:

DOES LOVING CARE CAT RESCUE HAVE YOUR PERMISSION TO CONTACT YOUR VET OFFICES AS A REFERENCE FOR YOUR PET(S) CARE? Y N

*****PLEASE CALL YOUR LISTED VET OFFICES AND ASK THEM TO AUTHORIZE THE RELEASE OF INFORMATION TO LOVING CARE CAT RESCUE*****

PERSONAL REFERENCE: PLEASE LIST A NON-FAMILY MEMBER WHO IS FAMILIAR WITH YOU AND YOUR ABILITY TO CARE FOR PETS:

NAME:

RELATIONSHIP TO YOU:

CONTACT INFORMATION:

**BY SUBMITTING THIS APPLICATION TO LOVING CARE CAT RESCUE,
I CERTIFY THAT THE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**