



289 W Shadburn Ave, Buford, GA, 30518.

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**ADOPTION APPLICATION**

Cat(s) of Interest: \_\_\_\_\_ Application Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Co-Applicants Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License State & Number: \_\_\_\_\_

Best Time to Contact for Phone Interview: \_\_\_\_\_

Are You at Least 18 Years of Age? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Number of Adults in Home: \_\_\_\_\_ Number of Children in Home: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Is Anyone at Home Allergic to Cats? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If Yes, Have They Consulted a Doctor About Getting A Cat? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If Yes Are They Taking Medication? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do You Own or Rent Your Home ? \_\_\_\_\_ If You Rent, Please Provide Name of Landlord \_\_\_\_\_

Phone# Of Landlord \_\_\_\_\_ Is Landlord Aware of This Application? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Are You in The Process of Moving, Or Anticipate Moving in The Next Few Months? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If You Ever Move Have You Considered That Another Place May Not Allow Cats? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

What Will You Do If This Happens? \_\_\_\_\_

Please List Your Current Pets:

Name	Species	Age	Years Owned	Sex	Spayed/Neutered	Declawed	Where is the Pet Kept?
				Male/ Female	Yes/No	Yes/No	Indoor Outdoor Both
				Male/ Female	Yes/No	Yes/No	Indoor Outdoor Both
				Male/ Female	Yes/No	Yes/No	Indoor Outdoor Both
				Male/ Female	Yes/No	Yes/No	Indoor Outdoor Both

Do You Have a Veterinarian? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_ Vets Name \_\_\_\_\_ Phone # \_\_\_\_\_

Do We Have Your Permission to Contact Your Vet? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

Why Are You Interested in Adopting a Cat? \_\_\_\_\_

Are all Household Members in Agreement to Adopt this Cat (s)? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

Cat Characteristics Desired: Please Select You Top 3

Active	Mellow	Lap Cat	Short Hair	Med Hair	Long Hair
Kitten	Adult	Senior	Likes Dogs	Likes Cats	Likes Children

How Did You Hear About Cat Rangers? \_\_\_\_\_

Where Will the Cat Be When You Are at Work/ On Vacation? \_\_\_\_\_

Do You Understand That Cats Will Require an Adjustment Period in Their New Home? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

Cats May Live Up to 20 Years or More. Are You Prepared to Dedicate This Amount of Time to Care for Your Cat? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

What Reasons, In Your Mind, Justify Giving Up a Cat? Select All That Apply:

Spraying or Marking	Scratching Furniture	Not Enough Time for Cat	Cat's Health	Unable to Afford	Avoiding the Litter Box
New Baby in Home	Moving to New Home	Onset of Allergies	Shedding Fur	Not Getting Along with Other Pets/People	Other

Do You Agree to Follow Up Home Visit? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

Are Current Pets Fully Vaccinated as per your Veterinarian's protocol? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Are Current Pets Spayed/Neutered? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Have Current Pets Tested Negative for Both Feline Leukemia & FIV? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Personal References: References CANNOT be Family Members.

Reference #1

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Best Time To Contact \_\_\_\_\_

Reference #2

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Best Time to Contact \_\_\_\_\_

I/We understand that this application, if approved serves as a contact between Cat Rangers and Me/Us, and that completion of this application does not guarantee the adoption will be approved.

I/We have read and understood all the Terms and Conditions of the Adoption Application, as indicated by My/Our signatures on this page, and understand that these Term and Conditions will be enforced.

I/We attest that the information provided on this application is true and accurate to the best of My/Our knowledge.

I/We agree to pay the adoption fee of \$ \_\_\_\_\_

Do you affirm and accept all of the above requirements? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

For Cat Rangers Use Only:

Approved : Signature \_\_\_\_\_ Initials: \_\_\_\_\_ Date \_\_\_\_\_

Denied: Reason \_\_\_\_\_ Initials: \_\_\_\_\_ Date \_\_\_\_\_