



Cat Adoption Application

Cat Adoption Policies

1. Existing cats within the home must be tested negative for both Feline Leukemia and FIV
2. All cats must be indoor only unless on leash/harness or designated indoor/outdoor prior to adoption
3. All home animals must be vaccinated per your veterinarian's protocols.
4. All animals in the home must be spayed or neutered.
5. Cats must not be declawed unless already declawed.

In Filling out this application, I (we) agree to these adoption policies for cats.

Yes No

CAT(S) OF INTEREST: _____

APPLICATION DATE: _____

Applicant's Name _____

Occupation _____

Co-Applicant's Name _____

Occupation _____

Home Street Address _____

City _____

State _____ Zip Code _____ Yrs. At Residence _____

Primary Phone _____ Secondary Phone _____

Work Phone _____ May we call you at work? Yes No

Best time to contact for phone
interview _____

E-Mail Address _____

Number of adults in home _____ Number of children in home _____

Ages of children _____

Age(s) of adults (check)

18-25 26-40 41-60 61-75 75+

Are there senior citizens in the home? Yes No Health status _____

Is anyone in home allergic to pet dander? Yes No

Do you own or rent? _____ If you rent, name of landlord _____

Phone # of landlord _____ Is landlord aware of this application? Yes

No

If you have no pets, please enter 0 or N/A as necessary.

Number of animals in household _____ Cats _____ Dogs _____ other _____

List name, type, gender, and age of cats and dogs you've owned in the past three years, and what happened to each animal.

_____ Check here if you have NOT had any pets in the past year.

Do we have your permission to contact these veterinarians? Yes No

Please notify these veterinary practices to release information to Cat Rangers when we call.

Current Vet's Name: _____

Phone # _____

Other vets used in past three years:

Name _____

Phone # _____

Name _____

Phone # _____

Pet(s) name(s) that vet records would be listed under: Include the first and last name of the person who paid for the visit, so that the records can be located by the vet.

PERSONAL REFERENCES: (References can NOT be family members.) Providing email addresses for your references will expedite the process.

Reference #1

Name _____ Phone

Email _____ Best time to

contact _____

Reference #2

Name _____ Phone

Email _____ Best time to

contact _____

Cat characteristics desired: Please select the top 3, and number in order of importance (1=highest).

_____ Active cat

_____ Mellow cat

_____ Lap cat

_____ Friendly to strangers'

_____ Long hair

_____ Medium hair

_____ Short hair

_____ Good with children

_____ Good with

dogs

_____ Good with other cats

_____ Kitten (less than 1 yr)

_____ Senior cat (10

yrs. +)

What circumstances, in your mind, justify giving up a cat? Select all that apply.

_____ Marking or spraying

_____ Unable to afford

_____ Scratching or

shedding

_____ Not enough time for cat

_____ Cat`s health has declined

_____ Cat won`t use

litter box

_____ Onset of allergy to cats'

_____ Move to new home

_____ New baby in

home

_____ Cat doesn`t get along with other pets/people

1. Why are you interested in adopting a cat?

2. Are all household members in agreement to adopt this cat? Yes _____ No _____

3. How did you hear about Cat Rangers and/or the animal you wish to adopt?

4. Where will the cat usually be when you are gone?

5. Where will the cat sleep at night?

6. Indoor cats may live up to 20 years and more. Are you prepared to dedicate up to 10-15 years or more to the care of your new pet? Yes _____ No _____

7. Have you sold, given away, or surrendered a pet? Yes _____ No _____
If yes, please explain:

8. Explain arrangements for your cat when you go away on vacation, business trips, or unplanned emergencies:

Do you agree to a follow up home visit? Yes _____ No _____
Any additional comments or information you would like to add?

I/We understand that this application, if approved, also serves as a contract between Cat Rangers and me/us, and that completion of the application does not guarantee that the adoption will be approved.

I/We have read and understand all the Terms and Conditions of Adoption, as indicated by my/our signature on this page.

I/we understand that those Terms and Conditions are part of the Adoption Agreement, and 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 for a kitten. Cat Rangers will confirm that the cat/kitten is spayed/neutered and is current on standard vaccinations at the time of adoption.

Do you affirm and accept all of the above requirements? Yes ____ No _____

By proceeding forward and signing this document you are agreeing that you are consenting to utilize electronic signatures in lieu of using paper documents.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

Submit Application

When complete you may either save it and email to:

adoptions@catrangers.org

Or Mail to:

Cat Rangers
289 Shadburn AVE
Buford, Ga. 30518
Phone and Fax: 866 280 1696