

CAT TALES

ADOPTION APPLICATION

Completion of this application does not guarantee placement of a cat with the applicant. Our cat's health, safety and welfare are our foremost consideration. This includes but is not limited to the fact that we adopt to INDOOR ONLY homes and are strictly a NO DECLAW rescue. In order to be considered as an adopter, you must be 21 years of age or older, have identification showing your present address, have consent of your landlord, if you rent and be willing and able to spend the time and money necessary to provide proper care and any needed medical treatment for a cat.

*****Completed applications may be scanned & emailed to info@cattalesnh.org*****

NAME _____ DOB _____

CO-ADOPTER NAME _____ DOB _____

PHYSICAL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

Home #: _____ Cell #: _____ Email: _____ Occupation: _____

A \$30.00 deposit will be taken at time your cat is placed on hold. In the event your application is denied, we will refund your deposit. The veterinarian visits Wednesday for final health checks. If you decide to not adopt the cat, Cat Tales need to be notified no later than the Tuesday prior to the appointment. Failure to contact in a timely manner will result in your deposit becoming a donation to the rescue to cover the costs involved with the vet visit.

1. Name or description of cat(s) you are applying for: _____

2. How many hours per day will this cat spend without human companionship? _____

3. Where will your cat be kept during the day when you are not home? _____

4. Do you prefer a declawed cat? YES _____ NO _____ Do you smoke? YES _____ NO _____ Indoors? _____

5. Where do you live? HOUSE _____ APARTMENT _____ TOWNHOUSE _____ OTHER? _____

_____ I RENT _____ I OWN _____ LIVE WITH MY PARENTS

Landlord's Name: _____ Phone: _____

6. Does your landlord allow cats? _____ YES _____ NO _____ DON'T KNOW

Security Deposit required? _____ Monthly rental increase? _____

7. Please provide the following information about your household:

Number of adults: _____ Ages: _____ Number of children: _____ Ages: _____

8. Is anyone in your family allergic to cats? _____

9. What will you do with your cat(s) if you move in the future: _____

10. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care? _____

11. Do you understand that a cat will need to be seen by a vet to keep it healthy? As a rescue we disclose any known conditions, however you as the caretaker understand that there are conditions that may arise unexpectedly. What would you spend on your cat needing immediate or long term medical treatment? _____

12. Would you be willing to allow us to visit your home before and after the adoption is completed? _____

13. Have you ever given a pet up? Why? _____

14. What types of pets do you own or have you owned in the last 10 years?

| NAME | CAT/DOG/ OTHER | KEPT IN/OUT | AGE | NEUTERED/ SPAYED | | SEX | VACCINES CURRENT? | | FIV/FELV TESTED? | | STILL OWN? | |
|------|-------------------|----------------|-----|---------------------|----|-----|----------------------|----|---------------------|----|---------------|----|
| | | | | YES | NO | | YES | NO | YES | NO | YES | NO |
| | | | | YES | NO | | YES | NO | YES | NO | YES | NO |
| | | | | YES | NO | | YES | NO | YES | NO | YES | NO |
| | | | | YES | NO | | YES | NO | YES | NO | YES | NO |

15. Who is (was) your veterinarian for the above animals?

PLEASE CONTACT YOUR VET AND GIVE PERMISSION FOR THEM TO SPEAK WITH CAT TALES

Name: _____

Address: _____

Phone: _____

16. Please provide a personal reference:

Name: _____

Address: _____

Phone: _____

17. Do you realize that a cat may live 15 or more years? YES _____ NO _____

If you are no longer able to care for your cat, whom will it go to.

Name: _____

Address: _____

Phone: _____

18. It may take your new cat 2 to 6 weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? YES _____ NO _____

19. When would you be ready to bring your new cat home if approved? _____

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a cat from Cat Tales. I authorize investigation of all statements on this application, including veterinary and landlord reference checks. I will bring a proper travel carrier to the adoption. I hereby agree that if there is any issue with cat I will return to Cat Tales only. **Prior to adoption I have consulted with my veterinarian about the addition of a new cat and what to expect.** Cat Tales reserves the right to deny the adoption of any cat for any reason and to reclaim a cat if conditions of our adoption contract are not met.

Signature: _____ Co Adopter Signature: _____

Date: _____ Date: _____

OFFICE USE ONLY

VET REFERENCE:

1. Are all pets current on annual exams, vaccinations? _____
2. Have all pets been spayed/neutered? _____
3. Have all current cats in household been tested for Fiv/Felv? _____
4. In general, are all medical issues addressed on a timely basis? _____
5. Does their vet recommend them as a responsible pet owner? _____

LANDLORD REFERENCE:

1. Does the lease allow for the adoption of a cat and does lease require declawing? _____
2. Is a pet security deposit or rental increase required? _____

www.cattalesnh.org

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