

APPLICATION FOR CAT ADOPTION

Applicant name: _____

Referred By: _____

Address: _____

City, State: _____ ZIP: _____

Home phone: _____ Cellphone: _____

Home e-mail: _____ Work e-mail: _____

Employer: _____ *Occupation: _____

1. What type of cat are you interested in?

Male Female Kitten (under 6 months) Adult Long Hair Short Hair

Name of cat you are interested in: _____

Personality type: _____ Color: _____

2. How many people currently reside in your household? _____

3. Any children in the household? Yes No List ages: _____

4. For whom are you adopting the cat? Self Gift

5. Does any member of the family have any allergies to animals? Yes No

If yes, explain: _____

6. Who will be responsible for the cat's care? _____

7. Where do you live? Apartment Condo Farm Mobile home Townhouse House

8. Do you own or rent your residence? Own Rent

If you rent, what is name of landlord and phone number? _____

9. Are companion animals allowed? Yes No Not sure

10. Where will the cat be kept? Indoors only Outdoors only Both in/out

11. If outdoors, will the cat be attended unattended collar & tags?

12. Will anyone be home during the day? Yes No

13. How many hours will the cat be left unattended? _____

14. When no one is home, where will the cat be kept? _____

15. If you move, what will you do with the cat? _____

16. How far from the road/traffic is your home/farm located? _____

17. Is the volume of traffic light moderate heavy?

18. Have you ever had a companion animal before? Yes No

19. Describe those companion animals you still care for or that are living in your household.

Name	Breed	Age	Neutered?	Kept where	Time in your care

22. Are your companion animals current on their vaccinations? Yes No

23. Please provide name of your veterinarian: _____

24. Please provide telephone number of your veterinarian: _____

25. Personal reference _____

26. Are you financially able and willing to provide annual checkups, vaccinations, and ANY medical care necessary?
 Yes No

27. What precautions would you take to properly introduce a new cat into your home if you have other animals (a dog, bird, rabbit, another cat, etc.)? _____

28. What will you do if your new cat does not get along with your present companion animals? _____

29. Are you planning on declawing? Yes No Not sure

30. Have you ever adopted an animal from a rescue/animal control agency? Yes No Which one _____

31. Why do you want to adopt a cat? _____

32. Are you familiar with your local animal control laws? Yes No

33. Are you willing to sign legal pet adoption papers? Yes No

34. Do you agree to permit a visit to your home/farm by appointment? Yes No

DK Staff Only: DNAPets.org has been checked (initials) _____

By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in Darbster Foundation refusing adoption privileges to me/us. If my/our request for adoption is approved and later Darbster Foundation discovers the above information is not true or correct, Darbster Foundation reserves the right to remove the adopted cat from my home/farm.

If you have exhausted all reasonable efforts to keep your pet, Darbster Foundation accepts the return of any animal adopted from our facility. Adoption returns must be scheduled in advance and are accepted by appointment only. Guardians who wish to return their adopted animal should call 603-856-9233 or email Kitty@darbster.com to schedule an appointment. Note- there will be an intake fee of \$100 if returned after 14 days from the original adoption date.

*Signature _____ Date _____