

Cat You Are Applying For:		Adoption Counselor's Name:			
<b>Applicant Information</b>					
Last Name:		First Name:		Today's Date:	
Address:		City:	State:	Zip	
Phone (day):		Phone (evening):		Cell Phone:	
E-mail address:					
Driver's License #:		Issuing State:		Are you over 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you live in <input type="checkbox"/> a house <input type="checkbox"/> a condo <input type="checkbox"/> an apartment			Rent or Own? <input type="checkbox"/> Own <input type="checkbox"/> Rent		
If renting, what is your landlord's name?			Phone No.:		
Do you have written approval from your landlord to have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How long have you lived at this address?			Any plans to move in the near future? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Family / Household Information</b>					
Has everyone in your household agreed to this adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of children in the household:			Ages of children:		
Do you expect your current family situation to change?					
Have the children had pets before?					
Is anyone in the household allergic to cats? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you work outside the home? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, how many hours per day?		
Why are you considering adopting a cat from SARF? (Check all that apply)					
<input type="checkbox"/> Companion for self		<input type="checkbox"/> Gift			
<input type="checkbox"/> Companion for child		<input type="checkbox"/> Companion for another household member			
<b>Pet Information</b>					
Have you had pets in the past or do you currently have pets? Please tell us about them					
<b>Name</b>	<b>Breed</b>	<b>Age</b>	<b>Gender</b>	<b>Altered</b>	<b>Where are they?</b>
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever given an animal away or relinquished an animal to a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what were the circumstances?					
<b>Veterinarian Information</b>					
Your Veterinarian's Name:			Veterinarian's Phone:		
When was your current pet's last visit to a veterinarian and why?					
May we contact your vet as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## New Pet Information

What will you feed your new cat?	How often will you feed your new cat?
How much time are you prepared to allow for your new cat to adjust to your home?	
Are you able to afford a bill of \$200-\$500 (or more) for emergency veterinary care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you, and those who live with you, committed to spend 12+ years providing health care, food, grooming, training and attention for your cat? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have to move, what do you plan to do with your pet(s)?	
Who in the household will be the cat's primary care giver?	
This cat will be: <input type="checkbox"/> inside only <input type="checkbox"/> outside only <input type="checkbox"/> both?	
<b>A kitten is required to stay inside until it is 6 months old, altered and fully vaccinated.</b> Are you able to keep this kitten inside only, for the first six months? <input type="checkbox"/> Yes <input type="checkbox"/> No      Why not?	
Where will your cat be during the day?	
At night?	
How many hours each day will the cat be unattended?	
What will you do with your cat while you are away on vacation?	
What problems would make you return a cat? <input type="checkbox"/> Scratching furniture <input type="checkbox"/> Housebreaking <input type="checkbox"/> Shyness/fear <input type="checkbox"/> Not getting along with other pets <input type="checkbox"/> Other (explain)	
Are you aware that a SARF representative will visit your home before adopting the cat and/or after the adoption, if considered necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	

By signing below, I certify that the information I have given is true. I understand the SARF reserves the right to deny my application for any reason. I further authorize the investigation of all statements in this application.

Signature: \_\_\_\_\_

**Please return application to:**

Sarge's Animal Rescue Foundation (SARF)  
1659 S. Main Street  
Waynesville, NC 28786

**For staff use only:**

Approved:  Yes  No      Staff initials: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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