



# THE ANTI-CRUELTY SOCIETY

## CAT ADOPTION

Please note that in order to be considered for an adoption today you must: **1)** Be at least 18 years of age, **2)** Have the knowledge and consent of all adults living in your household, **3)** Have a valid ID with current address, **4)** Understand that The Anti-Cruelty Society must approve your adoption.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you:  Attend school  Work Employer \_\_\_\_\_

Do you live in a:  House  Apartment  Condo  Dorm  With parents

Please provide the following information about your household:

Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_ Ages of children \_\_\_\_\_

Please indicate why you would like to adopt a cat from us:

Companion  Gift  Use as a mouser  For a child  Companion for another pet

What type(s) of pets do you own or have you owned in the last five years:

Pet's Name	Type/Breed	Kept Where?	Current Age	Neutered	Sex	Still have?	Counselor Notes
				Yes No	M F	Yes No	
				Yes No	M F	Yes No	
				Yes No	M F	Yes No	
				Yes No	M F	Yes No	
				Yes No	M F	Yes No	

If you have pets now or had them in the past, who was (or is) your veterinarian?

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

What vaccinations has your pet(s) had in the last year? \_\_\_\_\_

When was your pet's last visit to a veterinarian?

Where will this cat be kept?  Indoors  Outdoors or  Both?

Where will this cat live?  Home  Business  Other \_\_\_\_\_

How did you learn about The Anti-Cruelty Society? \_\_\_\_\_

The Anti-Cruelty Society has provided a thorough veterinary exam, vaccinations and more to ensure that the animal you are adopting today is healthy. However, because most animals arrive at the shelter without routine vaccinations, there is a short term risk of contagion. Viruses can incubate up to 10 days or more with no symptoms present. Because of this, The Anti-Cruelty Society will provide free care in our clinic for the next 15 days. This requires that you contact us with any concerns promptly. We have veterinarians on staff every day of the year to provide this assistance. Each message left for one of our busy doctors will be returned in a timely manner. We also encourage you to take advantage of the free gift of insurance provided by Sheltercare for this important transition period.

Please note that if you choose not to take advantage of this support, and authorize care at a private veterinary hospital The Anti-Cruelty Society cannot reimburse you for those expenses.

\_\_\_\_\_  
Adopter Initials

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that The Anti-Cruelty Society has the right to deny my request to adopt an animal, and I authorize investigation of all statements on this form. I understand that this adoption form is the property of The Anti-Cruelty Society.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR STAFF USE, PLEASE DO NOT WRITE IN THIS SPACE**

Drivers Licence/State ID # \_\_\_\_\_

ID Name \_\_\_\_\_

ID Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Animal # \_\_\_\_\_ Age \_\_\_\_\_ Room \_\_\_\_\_ Attendant \_\_\_\_\_ Service # \_\_\_\_\_

Screeners/BSR attached \_\_\_\_\_ Manager \_\_\_\_\_ A P D

Counselor \_\_\_\_\_ Additional Comments \_\_\_\_\_