

INSTRUCTIONS FOR COMPLETING THE CAT ADOPTION APPLICATION ELECTRONICALLY

1. Save this file to your hard drive by selecting "file/save as" from the menu bar.
2. Open your saved copy of the *Cat Adoption Application*.
3. Answer the questions on the application. This is a protected form so you will only be able to type in the spaces provided. The spaces will expand to accommodate your answers. Use the tab key on your computer to advance. To check a box, simply click in the box that corresponds to the answer of your choice.
4. Answer all questions to the best of your ability. If you leave a question blank, approval of your application may be delayed.
5. When all questions are answered, save the completed form.
6. Open your email program and prepare an email to send to <dperkins@intrex.net>. PLEASE USE THE FOLLOWING AS YOUR SUBJECT LINE:
AARF Completed Cat Application
7. If you have been corresponding with an AARF volunteer or foster parent regarding this adoption, please include the name of the person you have been talking to in the body of the email.
8. Attach the saved file (the completed application) to your email and send it.
9. You may be contacted by an AARF volunteer before your application can be finalized.
10. You will be notified when your application has been tentatively approved. Final approval always takes place following meeting the cat and the AARF volunteer and/or foster parent "in-person". We reserve the right to approve or deny an applicant at our discretion.

Spay/Neuter Voucher Info:

No: _____
Vet: _____
Spay _____ Neuter _____
Expiration Date: _____
Cash _____ or Check # _____
Amount: _____



311 Harvey St. • Winston-Salem, NC 27103
Telephone: (336) 768-PETS (7387)

Cat Adoption Application

Adoption Location:

- AARF House
- Pet Supermarket

Other, Specify _____

Adoption Counselor: _____

Foster Parent: _____

Vaccination Due Date(s): _____

Direct Adoption Foster-to-Adopt

FTA valid thru _____

Pet Returned _____

Date Adopted _____

Date: _____

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

- The above address is a:
- House
 - Condo
 - Apartment
 - Mobile Home

I own or rent. If renting, please provide landlord's or rental agency's name: _____ and phone number: _____

Home Phone: _____ Work Phone: _____ Cell or Mobile Phone: _____ Driver's License State & Number: _____

Previous Address if less than 6 mo. at current: _____

City: _____ State: _____ Zip: _____

Email Address: _____ May we add you to our email list? Yes No

- Are you currently:
- Employed check one: Full-time Part-time
 - Student
 - Retired
 - Other specify _____

Name of Employer (if applicable): _____

- For whom are you adopting this pet? _____ Does everyone in your household want a new pet?
- Yes
 - No
 - Other _____

How many adults are in your household? _____ Number of children? _____ Ages of children? _____

Who will be responsible for this pet? _____

I am interested in adopting a:

1. kitten cat, who is a female male

Animal's name: _____ Age: _____ Description: _____

2. kitten cat, who is a female male

Animal's name: _____ Age: _____ Description: _____

How long have you been looking for a new companion? _____

What attracted you to this particular animal? _____

How much do think it will cost to feed, care for and vaccinate your pet annually? _____

How do you plan to work with your new pet should he/she have accidents in the house? _____

- This pet will be:
- Outside
 - Inside/outside
 - Inside garage/basement area
 - Inside main living area
 - Other _____

During the day this pet will be kept:

- Outside
- Inside
- Other _____

At night this pet will be kept:

- Outside
- Inside
- Other _____

Do you plan to have this cat/kitten declawed?

- Yes
- No
- Other _____

Will this pet be vaccinated against feline leukemia?

- Yes
- No
- Other _____

Will this pet be on heartworm prevention?

- Yes
- No
- Other _____

Cats often live as long as 15 years or longer. Will you be able to care for this pet for the duration of its life? Yes No

Complete the following information about the pets you currently have or have had in the past five years:

	Pet 1	Pet 2	Pet 3	Pet 4	Pet 5	Pet 6
Name						
Type/Breed						
Sex	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>
Age						
Spayed or Neutered?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Vaccinations Current?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
On heartworm Prevention?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Still Have?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

(Use an attached sheet if more space is needed.)

How much time will this pet spend alone during a 24-hour period? _____

Who is your regular veterinarian (please provide practice name if applicable)? _____

Located in (city, state): _____ Phone: _____

Note: The veterinary reference check is a requirement of our application process. If your pets were listed at the vet under a different name than that of the person completing this application (e.g. spouse), please ensure that we have both names. If you have not used veterinary services in the past five years, please provide the name and phone number of two personal (adult) references:

Reference 1: _____ Reference 2: _____

Have you ever taken a pet to the Animal Shelter or have your pets ever been picked up by Animal Control? Yes No If yes, explain: _____

Have you ever been charged or investigated for animal abuse, cruelty or neglect? Yes No If yes, explain: _____

What is your plan should someone in your household develop allergies to the pet? _____

How much time are you willing to give your pet to adjust to his/her new home? _____

When you go away, who will care for your pet? _____

If you move, change jobs, get married or divorced, have a baby or experience some other lifestyle change, what will you do with this pet? _____

What will you do with this pet should you take it home and it not work out? _____

Would you like spay/neuter information for your other pets? Yes No

Have you ever applied for a pet through AARF before? Yes No If yes, when: _____

I, _____, do hereby acknowledge that I have answered the above questions honestly and accurately. Should an AARF volunteer discover the information provided on this application to be untrue, I agree to surrender the animal back to the care of AARF immediately, as such is the consequence of providing false information.

Applicant's Signature

Date

(If submitting this application electronically, do not put anything in the signature and date spaces. An original signature, dated at the time of signing, will be required prior to finalizing the adoption.)