SOS CATS RVA APPLICATION FOR CATADOPTION

Email: SOSCatsRVA@gmail.com

Adoption Fee: \$115

| Аp | pplicant name: |
|-----|--|
| Ad | ldress: |
| Cit | ty, State:ZIP: |
| Но | ome phone:Work phone: |
| Но | ome e-mail:Work e-mail: |
| En | nployer:Occupation: |
| 1. | What type of cat are you interested in? |
| | □ Male □ Female □ Kitten (under 5 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? |
| | 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? |
| | . When no one is home, where will the cat be kept? |
| 15 | i. If you move, what will you do with the cat? |
| | . 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 tho | se companion am | iiais yo | u Still Cale I | or or trial are | iivii ig ii i youi i | iousenoia. | | |
|---|--|-----------|----------------|-----------------|----------------------|---------------------------------|--|--|
| Name | Breed | Age | Neutered | d? Kept | where | Time in your care | | |
| | | | | | | | | |
| | | | | | | | | |
| 20. Describe tho | se companion ani | mals yo | u no longei | r care for: | | | | |
| Name | Breed | Age | Neutered? | Kept where | Time in your care | Reason no longer with you | | |
| | | | | | | | | |
| | | | | | | | | |
| 21. Are your cor | npanion animals c | urrent c | n their vac | cinations? 🛭 Y | es □ No | | | |
| 22. Please provid | le name of your ve | eterinari | an: | | | | | |
| 23. Please provid | de telephone numb | per of y | our veterina | arian: | | | | |
| 24. Are you final necessary? □ Ye | | lling to | provide anı | nual checkups | , vaccinations, | and ANY medical care | | |
| 25. If you have a | a dog, is he/she pe | rmitted | to run loose | e? □Yes □ N | lo | | | |
| • | itions would you to bird, rabbit, anoth | | | | • | ome if you have other | | |
| 27. What will yo | u do if your new o | cat does | not get ald | ong with your | present compa | anion animals? | | |
| | | | | | | | | |
| 28. Are you plar | nning on declawing | g? □ Ye | s 🗆 No 🗅 | Not sure | | | | |
| 29. Have you ev | er adopted an anir | nal fron | n a rescue/a | animal control | agency? 🛚 Yes | s □ No | | |
| • | er had an applicati I No If yes, explai | • | | • | | escue/animal control | | |
| 31. Why do you | want to adopt a | at? | | | | | | |
| | | | | | | | | |
| • | | | | | | n it? | | |
| | iliar with your loca | | | | | | | |
| 34. Are you willing to sign legal pet adoption papers? ☐ Yes ☐ No | | | | | | | | |
| 35. Do you agree to permit a visit to your home/farm by appointment? ☐ Yes ☐ No | | | | | | | | |
| | | | | | | | | |
| | esentation of the f | | | | | correct. I/we understand er/ | | |
| | es to me/us. | | | Date | | | | |
| gee | | | | Datc | | | | |