



# ADOPTION APPLICATION

Personal Information				
First and Last Name		Occupation		Age
Address		Phone		
City/ Zip		DL#		State
Spouse/Significant other		Email		
List additional household members and ages of children				
Does anyone in your household have allergies or asthma?	[ ] Yes [ ] No			
Is your home a	[ ] House [ ] Apartment [ ] Condo [ ] Other			
Who owns the property where you and the pet will live?				
Do you have permission from the property owner to have a pet?				
Please provide the property owner's contact information.				
Which cat(s) are you applying for?	Name(s) _____ Color(s) _____ Gender(s) _____ Age(s) _____ Fur Length(s) _____ Petsmart Adoption Center Location (if applies) _____ Name of foster parent(s) if known _____			
Adoption Information				
Why do you want to adopt a Cat? (check all that apply)	<input type="checkbox"/> Companion for you/spouse <input type="checkbox"/> Companion for kids <input type="checkbox"/> Companion for pet <input type="checkbox"/> Replace lost/decreased pet <input type="checkbox"/> Gift <input type="checkbox"/> Other, please explain			
Who will be responsible for the cats care? (feeding, cleaning litter box, taking to vet)				
In what areas of your home will your cat be allowed?				
Where will you keep the cat litter box?				
Will your new cat be an indoor or outdoor pet?	[ ] Indoors    [ ] Outdoors    [ ] Both			
Do you have any of the following? (check all that apply)	<input type="checkbox"/> Patio <input type="checkbox"/> Balcony <input type="checkbox"/> Pet Door <input type="checkbox"/> Backyard <input type="checkbox"/> Unscreened windows/doors <input type="checkbox"/> Front Yard <input type="checkbox"/> Other means of outdoor access for a cat <input type="checkbox"/> Recliner			
How many hours of the day will your cat be left alone?				
Where will he/she be left alone				
Who will care for your cat when you go out of town				

Cats are much happier living in pairs; would you consider adopting more than one	[ ] Yes [ ] No
Do you hope to get other animals in the future, what kind	[ ] Yes [ ] No
Are you aware that cats may chew your furniture/carpet	[ ] Yes [ ] No
Are you willing to have a Zazzy Cats representative visit your home either before or after adoption	[ ] Yes [ ] No

### Pet Experience

Have you had cat before	[ ] Yes [ ] No
Do you have pets or have you owned pets in the past?	
If you have other pets, are they spayed/neutered?	
What happened to pets you previously owned?	
Would you declaw a cat?	
Are you prepared to cover any vet expenses your pet may incur throughout its life?	[ ] Yes [ ] No
Is there a financial limit per incident?	[ ] Yes [ ] No
What is a behavior that would not be acceptable to you?	
Are you aware cats can live 20 years or more?	
Are you willing and able to care for a pet for life?	
How long should it take for the cat to adjust to the home?	

Under what circumstances would you not be able to keep this new cat? (check all that apply)

<input type="checkbox"/>	Pregnancy/Baby	<input type="checkbox"/>	Divorce/Separation	<input type="checkbox"/>	Spouse/child is allergic	<input type="checkbox"/>	Needs attention
<input type="checkbox"/>	Job change/loss	<input type="checkbox"/>	New house/apt	<input type="checkbox"/>	Chews carpet/drapes/furniture	<input type="checkbox"/>	Behavioral problem
<input type="checkbox"/>	Expensive vet bills	<input type="checkbox"/>	Conflicts with other pets	<input type="checkbox"/>	Litter box problems	<input type="checkbox"/>	Needs special diet
<input type="checkbox"/>	Cat becomes disabled	<input type="checkbox"/>	Requires daily treatment	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	

If you have to give up this cat for any of the above checked reasons what will you do with the cat:

Were you ever in a situation where you were not able to keep a pet, if yes please explain:

\*Should an unforeseen tragedy happen to you, who will be responsible for the lifetime care of your pet(s)?

*\*If adopting from Zazzy Cats, we will request confirmation of the above.*

Please tell us about yourself/your family. Anything you would like us to know? What makes your home a great place for pets? What makes you a great pet parent?

How did you find out about this cat: (check all that apply)			
Pet store	Newspaper ad	Pet Press	Website
Friend/family member	Other rescue group	Facebook	Instagram
Other please specify			

**Medical Disclaimer**

Adoption of any shelter or rescue animal comes with certain risks. It is impossible for a Animal Rescue to guarantee the medical history of any adopted animal. Rescue animals are often exposed to a variety of parasites, fungi, viruses and bacteria. More often than not, these animals may have been exposed to any number of things and not show symptoms for weeks, months, or years after exposure and/or adoption. By adopting this pet today you are assuming responsibility for the medical care of this pet, regardless to previous exposure or illness.

I HAVE READ, UNDERSTOOD AND ACCEPT : \_\_\_\_\_ APPLICANT'S INITIALS

**Acknowledgement**

THIS QUESTIONNAIRE BECOMES PART OF OUR CONTRACT. I certify that all the above information is true and accurate. I understand that if I adopt a pet from Zazzy Cats Rescue, this document will become part of the adoption record. There may be more than one application for a cat. Zazzy Cats reserves the right to select the best application for each cat. You will be asked to review and sign an Adoption Contract at the time of discharge.

Applicants Signature	Today's Date
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