

| |
|---|
| Cat ID# |
| Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____ |

Animal Friends of the Valleys

FELINE ADOPTION APPLICATION

Completing your application is the first step toward adopting a cat. Upon completion, please return to reception for your interview.

Are you willing and able to make a LIFETIME commitment to the care of this pet (15+ years)? Yes No

| CONTACT INFORMATION | | | |
|---------------------|--|-------------|-----------------|
| Name: | | | |
| Address: | | Apt/Suite: | City/State/Zip: |
| Home Phone: | | Cell Phone: | |
| Email Address: | | | |

| SOURCE OF INCOME | | |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Retired | <input type="checkbox"/> Other(please specify): _____ |

| EMERGENCY CONTACT | |
|--|--------|
| Name: | Phone: |
| Please list the name and number of a relative/friend who would be most helpful in the event your pet is found stray and you cannot be reached. | |

| TYPE OF HOUSING | | | | |
|-----------------|--------------------------------|--------------------------------------|---|--------------------------------------|
| I live in a: | <input type="checkbox"/> House | <input type="checkbox"/> Apartment | <input type="checkbox"/> Condo | <input type="checkbox"/> Mobile Home |
| I: | <input type="checkbox"/> Own | <input type="checkbox"/> Rent/Lease* | <input type="checkbox"/> Other(please specify): _____ | |
| *Landlord Name: | | | *Landlord Phone: | |

| PERSONS IN HOUSEHOLD | |
|---|-------------------------------|
| Age(s) of Children/Grandchildren: | <input type="checkbox"/> None |
| Does anyone in the household have allergies to animals? (Please check all that apply.) <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other <input type="checkbox"/> None | |

| PLEASE LIST INFORMATION FOR ALL PETS YOU HAVE HAD IN THE PAST 5 YEARS | | | | | | | | |
|---|-------|-----|------------|--------------------|----------------|---------------------------|----------------------|------------------|
| Name | Breed | Age | Sex M/F | Sterilized? Y/N | Kept IN/OUT | How long in your care? | Do you still own? | Licensed? Y/N |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

PLEASE CONTINUE ON REVERSE SIDE

ABOUT THE CAT YOU WANT TO ADOPT

| | | | | |
|--|--------------------------------------|---------------------------------------|---|--------------------------------|
| Where will the cat be kept during the day? | <input type="checkbox"/> Inside Home | <input type="checkbox"/> Outside Home | <input type="checkbox"/> Garage | <input type="checkbox"/> Other |
| Where will the cat be kept during the night? | <input type="checkbox"/> Inside Home | <input type="checkbox"/> Outside Home | <input type="checkbox"/> Garage | <input type="checkbox"/> Other |
| Where will the cat be kept when you travel? (friend, relative, neighbor, etc.) | _____ | | | |
| Where will the litter box be kept? | <input type="checkbox"/> Inside Home | <input type="checkbox"/> Outside Home | <input type="checkbox"/> Garage | <input type="checkbox"/> Other |
| Will you declaw this cat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> AFV Staff Counseled - Initial: _____ | |

All dogs and cats are given their 1st set of vaccines. It is highly recommended to follow up with a booster within 30 days from the initial vaccine given. Low cost vaccinations are available at our Spay/Neuter Clinic. An adoption counselor will provide you with a clinic flyer that includes the hours, directions, and pricing.

By signing, I hereby release Animal Friends of the the Valleys from liability from any injury or incident incurred to myself and all members of my party. I certify the information on my application is true to the best of my knowledge.

| | |
|-----------------------------|--------------|
| APPLICANT SIGNATURE: | DATE: |
|-----------------------------|--------------|

Animal Friends of the Valleys reserves the right to reject any application.

STAFF USE ONLY

| | | | | |
|-----------------------------|-----------------------------------|---------------------------------|----------------|-------|
| Landlord Approval: | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Staff Initial: | Date: |
| Additional Notes/Questions: | | | | |