



Adopt A Cat Foundation, Inc.

3110 45th Street Ste. E
West Palm Beach, FL 33407
(561) 848-4911

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Adoption Application

The following information is requested so that we can assist you in the selection of your new forever friend. This consultation process is designed to help us determine if the adoption is in the cat's best interest, and to assist you in finding a feline most compatible with your expectations and lifestyle.

All cats/kittens that are available for adoption have been fully vetted. However, please be aware that the cats/kittens are rescue animals and, as such, may have been exposed to a variety of illnesses. Like human illnesses, these disorders can have an incubation period of up to several weeks.

WE RESERVE THE RIGHT TO DENY ADOPTION TO ANYONE

Place **Microchip Sticker Here** or write in number

Cats Name: _____ Date: _____

Name: _____

Address: _____

Telephone No.: (Home) _____ (Cell) _____ (Work) _____

Email: _____

Occupation: _____

Employer: _____

Do you Live in a House Apt. Condo Other. Do you Rent Own Other _____

Are pets permitted in the lease? ____ Are there restrictions on number of pets allowed? ____ If so how many? ____

Landlord name: _____ Phone# _____

Driver's License/ID: _____

Who else lives in the home with you? (spouse or partner must agree to all terms)

Ages of children regularly in the residence, if any: _____

Does anyone regularly in the household have allergies to animals? _____

How many other companion animals are in the household? _____

| Breed | Age | Sex | Spayed or Neutered | Indoor or Outdoor | Vaccine Status (are they up to date?) |
|-------|-----|-----|--------------------|-------------------|---------------------------------------|
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Have you previously adopted a cat from us? ___ Name of cat _____ Is cat still living with you?

Have you ever surrendered a pet to a shelter? _____ If so why? _____

How many hours a day will the cat be alone? _____

Who will be responsible for feeding and providing water for the cat? _____

How will you handle your cat scratching on furniture? _____

How will you handle your cat jumping on countertops and furniture? _____

Are you prepared to care for this cat for at least 15 years or longer? yes no Are you prepared for all the necessary expenses that come with owning a cat, including emergency medical care? yes no unsure

Do you have any objections to AAC following up with you and your pet by visiting you in your home or by talking to you over the phone? _____ If yes why? _____

Contract and Agreement for Adoption

I agree to the following (please check each box):

- Adopter must be 18 years old with identification proving address.
- If renting you may be asked to provide copy of your lease showing pets are permitted.
- Agree to a home visit (two if follow-up is need).
- Agree to keep the cat(s) as **indoor-ONLY**.
- Notify us of any problems or behavior issues immediately so that we may work with you to solve them.
- Make a **lifetime commitment** to your new feline companion, even if you have a lifestyle change, such as marriage, divorce, moving, illness, children, roommates, other pets, or loss of income.
- Be physically capable, willing and able to spend the time and money necessary to provide training, medical care, and companionship beginning the day of the adoption.
- Agree if for **any reason** you are unable to continue to care for the cat you will return the cat to Adopt A Cat Foundation, not rehome, sell, abandon, set free, bring to another shelter, euthanize, etc.

Many factors determine which applicant will be matched with a particular pet. Our goal is to place our cats into loving homes that will best suit their individual needs.

I, _____ have read and agree with Adopt A Cat's terms of adoption and have completed this application honestly without omission of requested information. I agree that if I have misrepresented anything Adopt A Cat has the right to deny the adoption, or be compelled by law to surrender the cat(s) to Adopt A Cat upon demand. Adopt A Cat has the right to initiate legal and/or veterinary investigation if they feel it necessary to do so at any time.

Signature: _____ Date: _____

Printed name: _____

Adopt a Cat Foundation Representative: _____ Phone#: _____

Adoption Fee: _____ Paid by: Check Cash Check#: _____

Rabies Tag # _____