



CAT ADOPTION APPLICATION

Animal Welfare League of Frederick County
 1202 East Patrick Street, Suite 13A | Frederick, MD
 21701 301.663.5855

The Animal Welfare League of Frederick County is a non-profit 501(c) (3), all volunteer organization.

It is the responsibility of the Animal Welfare League of Frederick County (AWLFC) to place this cat in an environment compatible with its needs and to ensure the adoption is in the best interest of both the animal and the adopter. We realize this application document and the adoption process are lengthy; please understand that we are committed to placing this cat in a loving home where it will remain for its lifetime. Please complete this application in its entirety. You may bring it along when you visit the animal or complete it once you have met with the animal and its foster parent. Thank you.

PLEASE PRINT				APPLICANT INFORMATION			
Last Name			First		Middle	Date of Application	
Home Address					City		
State	Zip	Employer		Your Occupation		Work Hours/Days	Years employed
Home Phone Number		Business Phone		Cell Phone		E-Mail Address	
Name of <u>additional</u> responsible adult in household			Occupation		Phone		

Check <input checked="" type="checkbox"/>		HOUSEHOLD INFORMATION			
Rent	Own	Apartment	Condo	Mobile Home	
Live with Friends/Family Members			Other (explain)		
Land Lord's Name/Condo Association		Landlord's/Condo Phone Number		Does your lease allow cat(s)?	
Length of time in current residence?	If less than 1 year, please provide previous address and length of time at that residence.				
How many adults in your household?		Children?	Ages of children:		
If moving becomes necessary, what will you do with your pet/s if you cannot find a residence that allows pets?					
Are any members of your household allergic to animals? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>					
Does everyone in the household agree with adopting a cat? Yes <input type="checkbox"/> No <input type="checkbox"/>			Is this cat a gift? Yes <input type="checkbox"/> No <input type="checkbox"/>		

VETERINARIAN INFORMATION (Notify your vet to give permission to speak with us)		
Name of your Veterinarian		Name of clinic or hospital
City	State	Phone Number

PERSONAL REFERENCES (Maximum of one family member please)		
Reference #1 – Name	Address	Phone Number
Reference #2 – Name	Address	Phone Number

OTHER PETS

List pets that you own, or have owned, in the past 5 years:

Type of Animal/Breed	Name	Age	Sex	Spayed or Neutered ?		Still own? (if no please explain)
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	

Have your cats been tested for feline leukemia?

Yes No N/A

Have your cats been tested for FIV?

Yes No N/A

Do any of your cat(s) in the home go outdoors?

Yes No N/A

Do your pets receive yearly wellness exams?

Yes No

Have any of your cats been declawed?

Yes No

Do you plan to have the adopted cat declawed?

Yes No

ADDITIONAL INFORMATION

Why are you interested in adopting a cat at this time?

Companion to me/family

Companion for another pet

Hunting /Mouser

Other (If other, explain)

If you are interested in a kitten under 4 months old, would you be interested in adopting two? Yes No

What age cat are you looking for?

Kitten

Adult

Senior

Do you have a room with a door where your new cat could be kept separate from other animals during the transition into the home?

Yes No

What type of **personality** and **activity level** would you prefer your new cat/kitten to have?

Please Describe

How many hours per day will the cat/kitten be without companionship?

Where will the cat/kitten be kept during this "alone" time?

Where will your cat sleep at night?

Where will you primarily keep your new cat/kitten?

Indoors Only

Indoor/Outdoor

Outdoor

Who will be primarily responsible for the care of this cat?

Are you planning to start a family?

Yes

No

Not sure

- Quiet - 2 or less adults/seniors, no children, applicant(s) home most days.
 Calm - Applicant(s) often home, 3 or less family members residing in the home, no young children.
 Moderate - Applicant(s) work typical schedule (5 days per week, home most weekends).
 Active - Frequent visits by friends/family, multiple children, other pets, busy weekends – time spent out of the home

How much would you estimate expenses to be for 1 year? Supplies \$ Vet \$	What type of food would you feed your cat/kitten and how often?
What arrangements would you make for the care of your cat/kitten when you go on vacation?	
Do you think your pet should have a yearly physical exam? Yes No Not sure	
Do you believe you can provide a good home for your pet for its entire lifetime, which could be up to 20 years or more? Yes No Not sure	
Describe under what circumstances might you decide not to keep your cat or kitten? (Check all that apply)	
New Job <input type="checkbox"/>	New Baby <input type="checkbox"/>
Problem with cat's health <input type="checkbox"/>	Conflict with other household pets <input type="checkbox"/>
Moving <input type="checkbox"/>	Monetary Issues <input type="checkbox"/>
Problem with cat's behavior <input type="checkbox"/>	Illness or Allergies <input type="checkbox"/>
Other _____	
What would you do if your cat scratched or nipped you?	
How do you plan on training your new cat not to scratch furniture?	
Have you ever given up a pet for adoption or surrendered an animal to an Animal Shelter, Pound or Rescue organization before? Yes No	Have you ever adopted a cat from an Animal Shelter, Pound or Rescue organization before? Yes No
Behavior problems can arise for many reasons; most can be solved. Do you agree to seek help and assistance to resolve these issues rather than give up your pet should problems occur? Yes No Not sure	
Would you accept an animal that has a treatable medical condition? Yes No Not sure – need further information	Would you allow a Rescue representative to do a home visit? Yes No If no, please explain.
How did you hear about AWLFC?	
Website	Advertisement
Vet/clinic	Family/Friend/Referral
Adoption/Special Event	Petfinder.com
The following will be discussed when you are contacted:	
Adoption Costs	▶ Microchip
▶ Adjustment to new home	▶ Litter Box Training
▶ Health Care	
Behavior Problems	▶ Declawing
▶ Exercise	▶ Feeding

I understand that the Animal Welfare League of Frederick County (AWLFC) reserves the right to refuse adoption to anyone if it is in the best interest of the animal and/or applicant. I certify that the above information is true and complete and understand that it is subject to verification by AWLFC. Falsification of any information will render the application void. I further understand that AWLFC reserves the right to perform a home visit prior to approving this adoption application, as well as follow up, by phone or by a home visit, on any adoption to ensure compliance with the adoption contract.

Further, I give my permission for AWLFC to contact my veterinarian (listed above).

Signed (type your name on form to be transmitted electronically):

Date:

This application is **valid for 30 days** and only for the animal(s) named above.

Thank you for looking to the Animal Welfare League of Frederick County for your new family member. With this adoption, you are saving not only this animal's life, but making room for us to bring another pet into foster care, saving its life, too. We thank you!

For AWLFC Use Only

Interviewed by: _____ Date: _____ Approved: _____ YES NO

Comments: