

NEW BEGINNINGS ANIMAL RESCUE & REHABILITATION CAT ADOPTION APPLICATION

ADOPTERS MUST BE 18 YEARS AND OLDER

Cat's Name: _____ Cat's Adoption Fee: _____ \$95 _____

FILL OUT THE FOLLOWING APPLICATION IN ITS ENTIRETY

WE DO NOT GIVE REFUNDS ON ADOPTION FEES

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Place Of Employment:

Driver's License/State ID number:

Type of Housing:

Single Family Home ___ Apartment ___ Townhome ___ Dorm ___ Farm ___ Mobile Home ___

Other _____ Rent/Own? _____

Landlord's Name and Phone Number:

How long have you lived at this current address?

Are you in the process of moving, or anticipate moving in the next few months?

If you ever move, have you considered that another place may not allow pets? What will you do if this happens?

Why are you choosing to adopt from NBARR?

How did you hear about us? Newspaper ___ Facebook ___ ADOPT A PET ___ Friend/Relative ___ Off Site
Location (PetSmart, Petco, Vet Office) _____ OTHER _____

ADOPTION INFORMATION

What is your past and/or current experience with cats?

1st time owner _____ Have had 1 or 2 cats as an adult _____ Had a cat as a child _____ Other _____

Experienced in resolving behavior issues _____ (Explain:) _____

Have you adopted with NBARR before? _____

If yes where is pet now? _____

Who will care for this cat primarily? (feeding, playtime, vet visits)

What are some reasons you would relinquish this cat back to NBARR?

PREVIOUS AND CURRENT PET INFORMATION

Have you ever had a pet:

Run Away _____ Get hit by a car _____ Die in your care _____ Kept as an outdoor pet _____ If so, please explain:

Have you ever surrendered any pet to a private rescue, shelter or individual? _____

If yes, please explain the circumstance:

Current Pets:

TYPE	BREED	MALE/FEMALE	SPAYED/NEUTERED	AGE

Previous Pets:

TYPE	BREED	MALE/FEMALE	SPAYED/NEUTERED	WHAT HAPPENED TO THIS ANIMAL

Are your current animals up to date on vaccines? _____

Are you prepared for veterinary care expenses? _____

Who is your veterinarian? NAME & LOCATION

Would the records be under another name other than the one provided on the front on the application?
If so, please provide name?

HOUSEHOLD INFORMATION

Please describe your household:

Active___ Noisy___ Quiet___ Average___ Busy___ Other?

(explain)_____

Please list the names and ages of ALL people living in the home and their relationship to you (spouse, partner, roommate, child, etc.)

Name and age: _____ Relationship: _____

Name and age: _____ Relationship: _____

Name and age: _____ Relationship: _____

Name and age: _____ Relationship: _____

Name and age: _____ Relationship: _____

Do children (other than immediate family) ever visit your home? ___ If so, how often? _____

Age(s) of the children? _____

Does anyone in the household have allergies to any kind of animals? _____

If YES, have they consulted with their doctor about getting an animal? _____

If YES, are they taking medication? _____

Has anyone in your household ever been convicted of animal cruelty, neglect, or abandonment?

REFERENCES

Please provide 3 references that we can contact:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

NEW PET INFORMATION

Please understand that it may take a new cat 2 weeks or more to adjust to a new home and/or to other pets and visitors. Where will you keep this cat? (Check ALL that apply) Free run of house___ Crate in house___ Inside Cat___ Outside Cat___ Inside/Outside Cat___ In Garage___ Yard with a fence___ Basement___ Other

Please explain _____

Where will the cat be kept during the day? _____

At night? _____

Why do you want a cat? (Check ALL that apply) Mouser/barn cat___ Breeding___ Companionship___ Children___ Travel companion___ Gift for friend or relative___ Other _____

Do you plan on declawing this cat? _____

If so, why?

Please give careful consideration to adopting this animal. Animals are not toys or a short term commitment, they do require daily attention. Make sure your lifestyle allows time, emotional commitment and financial responsibility this animal will need over its life span. It is the responsibility of the NBARR to place this animal in an environment compatible with its needs and to ensure the adoption is in the best interest of both the animal and applicant. NBARR reserves the right to deny any applicant. **NBARR may follow up by phone or in person on any adoption to ensure compliance with the adoption contract.**

I certify that I have read the above information and that all information I have given is true and accurate and is subject to verification by NBARR. I understand that any falsification may result in the nullification of an adoption. _____(INITIAL)

Signature: _____

Printed Name: _____

Date: _____

FOR OFFICE USE ONLY

Home ownership/landlord approval ___ Vet check ___ ID check ___ Read evaluation ___ Areas of emphasis that were counseled for this pet: Indoor/outdoor ___ Vetting ___ Crating ___ Kid restriction ___ Animal restriction ___ Work schedule ___ Pet's activity level/exercise needs ___ Medical conditions ___ OTHER _____

APPROVED

DENIED