



# St. Louis Pet Rescue Cat Adoption Application

Email: [contact@stlpetrescue.com](mailto:contact@stlpetrescue.com) [www.stlpetrescue.com](http://www.stlpetrescue.com) Voice Mail: 314-827-5543

P.O.Box 374, Valley Park, MO 63088

Payment type				Is it entered into Square ( for checks enter pet ID number, name and check number, for cash pet ID number and name of person)
Amount	Cash	Check	Credit	
				<b>For staff only</b>

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<b>Adoption Date</b>	<b>Pet ID #</b>
<b>Pet Name</b>	<b>Pet Description</b>

<b>Adopter's First and Last name</b>	<b>Resident Address (not P.O. BOX)</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Cell Phone</b>	<b>Home Phone</b>	<b>Email Address</b>	

<b>Driver's License #</b>	<b>State Licensed</b>	<b>Are you 21 years or older?</b>	<b>Obtain a copy of the Driver's License or State ID for the records</b>
		Yes      No	

## Guardian and Home Life

<b>How would you describe your age?</b>			<b>I Live In a</b>				
Young Adult 21-35	Adult 36-65	Mature adult 65+	Single Family Dwelling	Condo	Apartment	Mobile home	Other (describe)

<b>I would describe my home as</b>			
Quiet/calm	Moderately Active	Grand Central Station	Other (describe)

<b>Do you</b>		<b>If renting, name and number of Landlord</b>
<b>Own</b>	<b>Rent</b>	
<b>Name and ages of the adults in the home?</b>		<b>What are the ages of kids in the home?</b>

<b>Is anyone in the household allergic to pets or has asthma?</b>			
Allergies	Asthma	No	I don't know
If you answered yes to any, what would you do to deal with a pet allergy if adopting a pet?			



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<b>Have you ever been in violation of the law/ordinances pertaining to pets?</b>	Yes No	Date of violation	City, State
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### Details of violation

<b>Do you know the government pet ownership requirements for the city or county you live in?</b>	<b># of pets allowed</b>
YES NO	

**Describe any pet restrictions (if you have any) by your landlord, homeowner's/renter's insurance, subdivision or city?**

**Have you ever surrendered a past pet to a shelter, rescue group or gave away?** YES NO

*If yes please explain the circumstances*

**Do you have a doggy door?** What would you do if the cat stops using the litter box?

YES NO

**What would you do if the new pet would scratch on the furniture/carpet?**

**If you were to lose the house, apartment you live in, what would your plan be for the pets in your home?**

## All About Pets

What is the purpose of this adoption?				Will your new pet have		Describe level of experience with cats			
For self	Gift	Companion for another pet	Mouser/barn cat	Limited use of house	Full use of house	Novice	Somewhat	Seasoned	Expert

**Some of our cats may have special needs. If you adopt one with any of the following needs, we expect that you will follow treatment recommendations.**

Please initial if applicable \_\_\_\_\_

Special medication	Few or no teeth	Heart condition	Hyperthyroid	FIV and/or FELV positive
Special food	Allergies/skin issues	Seizures	Diabetic	_____

**Are you going to declaw the cat you are adopting?**

No declaw Front only All 4 paws

**Where is this adopted cat going to be?**

Inside only Inside/outside Strictly outside



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Do you have any pets currently in your household? If yes, please fill out tables below.	Yes	No
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Please answer Yes (Y) or No (N) to each question about each cat in your household. If you are unsure of what FELV/FIV is, please ask for help.

CATS (names)	Age	Spayed or neutered	Up to date on shots	Tested for Feline leukemia	Tested for FIV	Is your current cat inside only, Inside/outside or outside only cat	Does your current cat see a vet as recommended	Is your current cat declawed

Please answer Yes (Y) or No (N) to each question about each dog in your household. If you are unsure of what Heartworms are, please ask for help.

DOGS (names)	Age	Spayed or neutered	Up to date on shots	Tested for Heartworms	On preventative		Does the dog see a vet as recommended	Does the dog like cats	Is the dog inside or outside
					HW	Flea/ Tick			

## PERSONAL AND VET REFERENCES

**References are checked prior to adoption.** Please do not list more than 1 family member as a personal reference. You may list a friend, neighbor, your boss, a coworker etc. If you do not have a Vet, please list a 3<sup>rd</sup> reference. Thank you!

Full Name	Phone Number	Relationship
*		
*		

For current or recent pets in the household please list your current veterinarian(s).

Veterinarian's name *		Phone Number
Veterinarian's name		Phone Number

Are you interested in receiving our quarterly newsletter?	yes	no	email
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## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature	Date:
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