



St. Louis Pet Rescue Cat Adoption Application

Email: contact@stlpetrescue.com www.stlpetrescue.com Voice Mail: 314-827-5543

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

Adoption Date				Pet ID #
Payment type				Cash should be entered into Square – (Enter pet ID number under Add Note on KeyPad Section, then Use Library for charges.
Amount	Cash	Check	Credit	
				THIS ENTIRE SECTION FOR STAFF ONLY



Pet Name	Pet Description

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

Driver's License #	State Licensed	Are you 21 years or older?	<i>Please Provide a Copy of Your Driver's License or State ID for Our Records</i>
		Yes No	

Guardian and Home Life

How would you describe your age?			I live in a:				
Young Adult 21-35	Adult 36-65	Mature adult 65+	Single Family Dwelling	Condo	Apartment	Mobile home	Other (describe)

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

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

Is anyone in the household allergic to pets or has asthma? (circle as appropriate)			
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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Have you ever been in violation of the law/ordinances pertaining to pets? (circle)	YES NO	VIOLATION DATE	CITY, STATE
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Details of violation

Do you know the govt. pet ownership requirements for the city or county you live in?	# of pets allowed
YES NO	

Describe pet restrictions (if 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? (circle)	YES NO
<i>If yes please explain the circumstances</i>	

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 or 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, you will agree to follow treatment recommendations outlined if/when the adoption is finalized.

Please initial if applicable _____

Special medication Special food	Few or no teeth Allergies/skin issues	Heart condition Seizures	Hyperthyroid Diabetic	FIV and/or FELV positive _____
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Are you going to declaw the cat you are adopting?			Where is this adopted cat going to be?		
No declaw	Front only	All 4 paws	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 FELV - Feline Leukemia	Tested for FIV – Feline Immunodeficiency Virus	Do your current cats see a vet as recommended	Is your current cat declawed	Is your cat and inside cat, inside - outside cat or outside only cat

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		Do your current dogs see a vet as recommended	Do the dogs like cats	Are the dogs inside, or outside dogs
					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 3rd 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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