



# Cat Adoption Application

## St. Louis Pet Rescue

Email: [contact@stlpetrescue.com](mailto:contact@stlpetrescue.com)

[www.stlpetrescue.com](http://www.stlpetrescue.com)

Fax: 636-230-3703

Application Date	Pet ID #	Pet Name	Color	Payment Type			
				Amount	Check	Credit Card	Cash
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adopter's Name (First & Last Name)	Resident Address	City, State and Zip
Cell Phone	Home Phone	Email Address
Driver's License #	State Licensed	(Obtain copy of Driver's License or State ID for adoption record)

Are you 21 years or older?	(If under 21 years of age, parental permission is necessary for adoption - parent will be adapter)
<input type="checkbox"/> Yes <input type="checkbox"/> 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	Other (describe dwelling)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I would describe my home as			I live with		Do you		If Renting Name of Landlord	
Quiet /Calm	Moderately Active	Grand Central Station	Family	Roommate	Own	Rent		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phone #	

Do you have a doggy door?	If you were to lose apartment/house do you have someone who may be able to temporarily keep your pet? (explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	

If your Kitty quits using the litter box, what will you do?	What will you do if your Kitty starts scratching your furniture/carpet?

What are the ages of children living in your household?	Is anyone in your household allergic to pets?
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know for sure

Have you ever surrendered a past pet to a shelter, rescue group or gave away? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes please explain circumstances</i>
Describe any pet restrictions – (home ownership or rental property)	



Guardian and Home Life (continued)

Have you ever been in violation of the law/ordinances pertaining to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of violation <input type="text"/>	City, State
<u>Details of Violation</u>		
Do you know the governmental pet ownership requirements for the city or county you live in? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of pets allowed: <input type="text"/>	
Name of all adults (18 years and older) living at the residence	(First and Last Name) (Age)	
What behaviors would cause you to surrender a pet?		

All About Pets


What is the purpose of this adoption?				Will your new pet have		Describe your level of experience with cats			
For Self	Companionship for other Pet	Gift	Mouser / Barn Cat	Limited Roaming in Home	Or Free Roam of Home	Expert	Seasoned	Somewhat	Newbie
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you going to keep cat			Are you going to declaw cat?			Some of our cats are special needs. Would you consider adopting any of the following:								
Inside only	Inside/ Outside	Outside Only	No Declawing	Front Only	All 4 Paws	<input type="checkbox"/> Special Medication	<input type="checkbox"/> History of Biting	<input type="checkbox"/> Special Food	<input type="checkbox"/> Hyperthyroid or Diabetic	<input type="checkbox"/> FIV or FELV Positive	<input type="checkbox"/> Frequent Medical Attention	<input type="checkbox"/> Shy or Timid	<input type="checkbox"/> Daily Injections	<input type="checkbox"/> 10+ Years Old
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

Do you have any pets currently in your household?  Yes  No

	<i>(Circle appropriate answers to questions about each cat living in your household) If you are unsure of what Feline Leukemia or Feline FIV is, please ask.</i>														
Name	Age	Spay or Neutered?		Up to Date On Shots?		Is Kitty Declawed?		Tested for Feline Leukemia?		Tested for Feline FIV?		Tested for Heart Worms?		Does Kitty roam inside & Outside?	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No



													
<i>(Circle appropriate answers to questions about each dog living in your household)</i>													
Name	Age	Do you know if your dog likes cats?		Is dog on heartworm preventative?		Spay or Neutered?		Up to Date On Shots?		Tested for Heart Worms?		Stay Outside 100% of the Time?	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Personal References <i>(note: References are checked prior to adoption)</i>						Are you interested in receiving our quarterly newsletter?	
Name		Friend <input type="checkbox"/>	Relative <input type="checkbox"/>	Phone		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name		Friend <input type="checkbox"/>	Relative <input type="checkbox"/>	Phone		Email Address <input type="text"/>	
Vet Name				Phone			

Please do not list all immediate relatives.

This section is for staff use only

First Reference Notes	
Second Reference Notes	
Vet Reference Notes	

Companion Animal Adoption Agreement	<i>(initial)</i>
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I agree that the pet is being adopted for myself and will not be sold, adopted, taken to a shelter or given to another party.	
I agree that the kitten/cat will not be allowed outdoors without proper supervision or confinement. When taking my kitten/cat outdoors, they will wear proper ID. ( taking to the vet's office, moving, travel)	
I agree to care for the kitten/cat in a humane manner and be a responsible kitten/cat guardian. This includes supplying adequate food, water, shelter, attention, and medical care.	
I agree that if at any point I cannot keep the kitten/cat, I will return him/her to St. Louis Pet Rescue without requesting a fee. I will contact the rescue via email at <a href="mailto:contact@stlpetrescue.com">contact@stlpetrescue.com</a> if needed, and will give notice of a minimum of 72 hrs.	
I understand/agree that St. Louis Pet Rescue makes no guarantees about the kitten/cat temperament and is not responsible for future damages/injuries caused by kitten/cat.	
Although St. Louis Pet Rescue makes a strong effort to identify the kitten/cat temperament before placement, kittens/cats can be unpredictable. By signing below, you recognize that STLPR cannot guarantee pet temperament.	
You also certify no false statements have been given on this application.	
If the information you provided above is identified as being not true, you agree to relinquish the adopted kitten/cat back to St. Louis Pet Rescue.	

<b>Adopter's Signature</b> <i>(By signing below, you agree to all of the information you provided in this document is deemed to be true)</i>	<i>Date</i>
<b>STLPR Document Adoption Reviewer's Signature</b> <i>(By signing below, you agree that you have reviewed this application and have approved this adoption)</i>	<i>Date</i>
<b>Adoption Leader Signature</b> <i>(By signing below, you agree you have:</i> <i>(1) reviewed this application</i> <i>(2) approved this adoption</i> <i>(3) verified this guardian is not listed on the DNA)</i>	<i>Date</i>