



CENTRAL ILLINOIS SMALL ANIMAL RESCUE Feline Adoption Application

ANIMAL NAME: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: Home _____ Work _____ Other _____

EMPLOYER: _____ May we call you at work? Yes No

E-MAIL: _____ Do you check e-mail every day? Yes No

Do you have an application pending with any other rescue group or humane society? Yes No

Has your application to adopt an animal ever been turned down by any other group? Yes No

Why do you want a cat? _____

Have you ever owned a cat before? Yes No

Please rate on a scale of 1–5 your level of awareness of a cat’s needs and habits, such as regular grooming, exercise, and so on (1 = not aware at all and 5 = extremely aware):

Not aware at all				Extremely aware
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about your past and current pets:

Breed	Sex	Spayed/neutered?	Pet’s age when you got it	Age pet left you	What happened to animal?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

If any of your current and/or previous pets are/were **not** spayed/neutered, please explain why.

Do you keep your pets...

Up-to-date on all shots? Yes No

Up-to-date on flea prevention medication? Yes No

Licensed in your county? Yes No

What food do you plan on feeding your cat? _____

YOUR VETERINARIAN: Name _____

Address & Phone _____

Please check one: My vet **may** be used as a reference. My vet **may not** be used as a reference.

Please list the **ages** of every person living (even part-time) in your home. *(This information will help us ensure that your new pet's characteristics will make it a good fit for your family!)*

Person 1: _____ Person 2: _____ Person 3: _____
Person 4: _____ Person 5: _____ Person 6: _____
Person 7: _____ Person 8: _____ Person 9: _____

Do you own or rent? Own Rent

Do you have any special skills we may be able to utilize?

Yes No If yes, please describe: _____

FINANCIAL COMMITMENT. Are you aware of the financial responsibilities of pet ownership, including vet care, medications, food, licensing, shots, grooming, etc.? Yes No

Will you agree to use only a premium quality cat food for your cat? Yes No

If your cat needed expensive surgery or ongoing medication, what would you do?

- Do whatever I am able to do to get my cat whatever it needs
- Return the cat to us
- Have the cat humanely euthanized
- Keep the cat for as long as it could go without any treatment
- Something else (PLEASE EXPLAIN) _____

LONG-TERM COMMITMENT. Which of the following circumstances would cause you to give this cat back to us? (CHECK ALL THAT APPLY.)

- A new job (working more, longer hours)
- Kids getting busy, no time for pet
- Divorce
- Moving
- Something else (PLEASE EXPLAIN) _____
- New baby
- Cat requires expensive vet care
- Behavior problems (inappropriate elimination, chewing, destruction, etc.)
- Cat bites someone

I have checked over this application and have answered all the questions.

All of the answers I have given are true and correct to the best of my knowledge. I also understand that if any of my answers are shown to be false at a later time, the adoption contract will become null and void, and I will immediately return the cat to the Central Illinois Small Animal Rescue.

Signed: _____ **Date:** _____

Please check to be sure all questions are answered. Incomplete applications are not accepted.