

Date \_\_\_\_\_



## CAT ADOPTION APPLICATION

600 Park Blvd., Unit 3, West Cape May, NJ 08204 • ph: 609.898.1738 • fax: 609.770.8494 • [info@aocmc.org](mailto:info@aocmc.org) • [www.aocmc.org](http://www.aocmc.org)

Name or Description of Animal:			
Your Name:			
Street Address:			
City:	State:	Zip:	
Phone:	home:	cell:	
Email Address:			

Do you live in a:     house     apartment     mobile home     condo     dormitory

Do you:             rent             own             live with parents

If you rent, we require a copy of your lease or the portion which states you have permission to have a pet on the premises. **Required:** Landlord name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there anyone home during the day?     Yes     No            Hours at home \_\_\_\_\_

How long have you resided in your present location? \_\_\_\_\_

What kind of plan do you have for your pet(s) if you have to move - locally, out of state, or overseas?

Has any pet of yours ever gotten lost?     Yes     No            If yes, please explain: \_\_\_\_\_

### HISTORY

Circle one

Have you owned a pet in the last 10 years?	Yes    No	no. of cats _____    no. of dogs _____
Have you adopted from us in the past?	Yes    No	if yes, when?
If you have owned a cat before, have you ever declawed any of your cats or kittens?	Yes    No	

### PETS - Please list pets you now have in your home

Name of Pet	Sex	Spayed or Neutered?*	Age	How long have you owned him or her?	Up to date on shots/vaccinations?
__cat __dog	M F	Yes    No			Yes    No    Not Sure
__cat __dog	M F	Yes    No			Yes    No    Not Sure
__cat __dog	M F	Yes    No			Yes    No    Not Sure

**PREVIOUSLY OWNED PETS - Please list pets you have owned in the past 5 years**

Name of Pet	Sex	Spayed or Neutered?*	Age	Dates Owned	Why do you no longer have him or her?
__ cat __ dog	M F	Yes No			
__ cat __ dog	M F	Yes No			
__ cat __ dog	M F	Yes No			

\*If your current pet(s) or pet(s) you previously owned were not spayed or neutered, please explain: \_\_\_\_\_

Name of your current or previous veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_

When was your current pet(s)' last visit to the vet and why? \_\_\_\_\_

Why do you want to adopt a cat now?

- companion for me                     
  companion for family member                     
  companion for another pet  
 companion for child                     
  other: \_\_\_\_\_

Where will your cat spend most of its time? \_\_\_\_\_

If you work during the day and your cat will have to remain home, what is your plan for the cat? (Please describe the area in which the cat will be kept and how many hours the cat will have to stay alone.)

What will you do if your cat chews/claws furniture or shows destructive behavior? \_\_\_\_\_

Do you have children? If yes, what are their ages? \_\_\_\_\_

How many people live in your house? \_\_\_\_\_

Are there any known allergies that would prevent a cat from living with you?                       Yes                       No

Are you financially prepared to give this cat routine and emergency medical care?                       Yes                       No

The average life span of an indoor cat is 15-18 years. Are you ready and willing to make such a long-term commitment to a pet?                       Yes                       No

Would you consider declawing an adopted cat or kitten?  Yes  No  
If yes, please explain: \_\_\_\_\_  
(see "Additional Information" below and also the attached Adoption Contract)

Would you agree to follow-up visit(s) to see how you and your new family member are doing?  Yes  No  
If no, please explain: \_\_\_\_\_  
(see "Additional Information" below and also the attached Adoption Contract)

I will not allow this cat to be outdoors (Please initial) \_\_\_\_\_

**REFERENCES (please provide three)**

Name	Phone Number	Relationship to You

**ADDITIONAL INFORMATION:**

- *We do not allow declawing of any adopted cats or kittens. This is part of our adoption contract. If a cat or kitten adopted from us is declawed after adoption, we reserve the right to take it back due to breach of contract. We do, however, occasionally have cats that come to us already declawed, and they would love to go home with you! Please consider one of these cats if owning a declawed cat is important to you.*
- *We reserve the right to do a home check at any point after the adoption.*
- *All currently and recently owned cats/dogs must be spayed or neutered, and we verify this when we call your veterinarian's office.*
- *Cats should not be outside pets. This is part of our Adoption Contract. If a cat or kitten is adopted from us and is found outdoors, we reserve the right to take it back due to breach of contract. These are cats that have lived their lives indoors or for some other reason need to be kept inside.*
- *Submitting an adoption application does not guarantee adoption. We carefully screen all adoption applicants, and all applications are reviewed by our adoption committee. We reserve the right to refuse any adoption, and the foster home has a say in all adoptions.*

By signing this form, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet. I authorize investigation of all statements on this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



600 Park Blvd., Unit 3, West Cape May, NJ 08204 • ph: 609.898.1738 • fax: 609.770.8494 • [info@aocmc.org](mailto:info@aocmc.org) • [www.aocmc.org](http://www.aocmc.org)

## Adoption Contract

I, \_\_\_\_\_, adopt this animal and give up any claims for personal injury and/or property damage to myself or anyone or anything associated with this adoption. I agree to all of the following statements:

1. The welfare of this animal is solely mine.
2. I am adopting this animal for myself and/or my family. I am not adopting this animal for another person or any other agency.
3. This animal will not be used for breeding, medical or experimental purposes.
4. I agree that if I give false information or do not comply with the terms of this contract, the animal will be removed from my premises and legal proceedings will be brought against me.
5. I agree to provide any medical care this animal needs now or will need in the future including routine/annual inoculations and exams. I agree to have this animal tested under the advice of my veterinarian.
6. I agree to contact Animal Outreach immediately if this animal becomes lost. I understand that in Cape May County, Animal Control policies are in transition and losing an animal may mean the life of the animal.
7. I will never abandon or sell this animal and will never give it up to a shelter or to another person. If circumstances demand that the animal no longer can live with me, I will call Animal Outreach to provide enough time to arrange for re-adoption or foster care.
8. I agree that this animal will be kept safely indoors and not allowed outside.
9. I agree to a home visit and follow-up visits and/or phone calls. I understand that if conditions warrant it, the animal may be removed from my premises and this adoption will be voided.
10. I agree that I will not declaw any pet(s) adopted from Animal Outreach and understand that doing so may result in having the pet removed from my home.
11. I will not hold Animal Outreach responsible for errors in any information provided to me about this animal.
12. I understand the adoption fee is \$60 for cats and \$75 for kittens, which will include first shots, spay/neuter of the animal, and a first visit to a participating veterinarian in the area.
13. I accept all responsibility and liability for this animal as of the date of adoption.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Animal's Name

\_\_\_\_\_  
Adopter's Signature

\_\_\_\_\_  
Adopter's Printed Name

Internal use only:

Adoption Counselor: \_\_\_\_\_

Follow-up calls: \_\_\_\_\_

Home visit completed: \_\_\_\_\_

Notes: \_\_\_\_\_