



**The Animal Rescue Project**  
P.O. Box 2315 • Portage, MI 49081-2315  
Voice 269 492 1010 •

## Cat/Kitten Adoption Application

The first step in the process of adopting a pet from the Animal Rescue Project is to complete this application. The application provides important information. Working with you, we will be able to determine if the adoption is in the pet's best interest, and the process ensures that you will find a pet well-suited to your lifestyle. **Please provide detailed information for all questions.**

Our adoption fee includes the cost for vaccinations and other medical care; the spaying or neutering of the animal; and an adoption service charge. If the pet you have chosen has not yet been spayed or neutered, you may be able to take it home with you, but this will require you to sign an Early Release agreement with the Animal Rescue Project, a binding legal document that commits you to sterilize the pet at an appropriate age. The State of Michigan requires that we collect a \$25.00 deposit for unsterilized pets. We will hold this in escrow and return it to you when you submit proof of sterilization.

To qualify for adoption, you must:

- Be at least 21 years old and have a valid driver's license or state Identification Card stating your current address
- Have the knowledge and consent of a landlord, if relevant
- Be able and willing to spend the time and money necessary to provide medical treatment, proper nourishment and care, and training for a pet

**Please note: We reserve the right to refuse adoption to anyone. Please be advised that we will not adopt to persons who mislead or fail to provide accurate information on this application.**

Name of the pet(s) you are interested in: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your age \_\_\_\_\_ ID/Driver's License # \_\_\_\_\_

### Employment Information

Are you currently (check all that apply):  Employed full time  Employed part time  Unemployed  
 Student  Retired  Other, please explain: \_\_\_\_\_

If employed, name of employer \_\_\_\_\_ job title/line of work \_\_\_\_\_

How long with present employer? \_\_\_\_\_ If a student, where? \_\_\_\_\_

Spouse/partner occupation \_\_\_\_\_

Spouse/partner employer \_\_\_\_\_ How long there? \_\_\_\_\_

### Family Information

How many adults live in your home other than yourself? Please list names and ages: \_\_\_\_\_

How many children live in your home? Please list names and ages: \_\_\_\_\_

Are ALL members of your household aware of and in agreement with this adoption? If not, please list who is not in favor of the adoption and the nature of their concern or objection: \_\_\_\_\_

### Home Information

Do you  own or  rent your home?  House?  Condo?  Mobile?  Apartment?

How long at current address? \_\_\_\_\_ If less than 2 years, what was your previous address? \_\_\_\_\_

If you rent, does your lease allow pets?  Yes  No  Don't know. How many pets? \_\_\_\_\_

**Required:** Name and phone of landlord \_\_\_\_\_

Do you plan on moving in the foreseeable future? If so, where will you move, and why? \_\_\_\_\_

### Adoption Information

Why do you wish to adopt this pet? Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Love animals, want to help a pet in need                               | <input type="checkbox"/> Feel sorry for the animal                          |
| <input type="checkbox"/> Companionship  | <input type="checkbox"/> The animal is so cute I just can't leave it behind |
| <input type="checkbox"/> My children will learn to be responsible for/care for another creature | <input type="checkbox"/> Gift for someone. If so, whom? _____               |
| <input type="checkbox"/> Want to breed  | <input type="checkbox"/> Companion for another pet                          |
| <input type="checkbox"/> Looking for mouser/rodent control for home or property                 |   |

### Vet Care

Are you willing to provide regular vet care for your new pet?  Yes  No

What is your estimate of the cost for annual routine vet care for the pet you wish to adopt? \_\_\_\_\_

Please provide a description of what you consider to be routine vet care: \_\_\_\_\_

Who is your current or past veterinarian? \_\_\_\_\_

Would you allow us to speak with your vet to obtain information on the health care of your pets?  Yes  No

**Current and Past Pets**

What pets do you **currently** have? List all. Exclude fish.

Pet Name	Type of Animal	Where Obtained?	How Old?	Spayed/Neutered?

Are your current pets spayed or neutered?  Yes  No If no, why not? \_\_\_\_\_

Do your current pets wear identification tags?  Yes  No If no, why not? \_\_\_\_\_

Are your pet's vaccinations current?  Yes  No If no, why not? \_\_\_\_\_

Have your cats been tested for feline leukemia?  Yes  No  Unsure

Please tell us about the animals you have owned **in the past**, who are no longer with you.

Animal Name	Type of Animal	How Old?	Deceased?	If alive, where and why

Please tell us about the pet's weekly schedule as it relates to your schedule. Which hours during the day will your pet **routinely** be home alone? *For example, if everyone is at work between 8 – 4 on Monday, you would write 8 – 4 in the Monday box.*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

When inside, how do you plan to keep your pet? Check all that apply:

- Free inside house
- Confined to crate
- Inside a closed room

When outside, how do you plan to keep your pet? Check all that apply:  N/A, indoors only

- Tie-out chain
- Garage
- Patio area
- Invisible fence
- Fenced yard

Outside dog run     Leash and regular walks     Loose in yard unattended

Other, please explain: \_\_\_\_\_

Where will your pet be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

**Training and Behavior**

How will you introduce your new pet to any existing pets? \_\_\_\_\_

\_\_\_\_\_

How do you plan to handle undesirable behavior, such as chewing, accidents in the house, spraying, scratching furniture, excessive crying, getting onto countertops? \_\_\_\_\_

\_\_\_\_\_

Do you intend to declaw immediately, wait to determine if declawing seems necessary, train to use a scratching post, discourage scratching through behavior modification such as a squirt bottle, or other? Please explain.

\_\_\_\_\_

\_\_\_\_\_

**Responsibility**

Who will be primarily responsible for the care of the pet? \_\_\_\_\_ How old is this person? \_\_\_\_\_

If your pet(s) were to survive you, what would happen to them? Who would take responsibility for them? \_\_\_\_\_

\_\_\_\_\_

Have you ever taken a pet to the pound?  Yes     No    If yes, why? \_\_\_\_\_

\_\_\_\_\_

How long will you keep the pet you are planning to adopt? \_\_\_\_\_

If you move in the future, what will you do with the pet you plan to adopt? \_\_\_\_\_

\_\_\_\_\_

If you are no longer able to keep the animal you adopt, do you agree that you must either return the animal to the Animal Rescue Project or find a suitable new home for it and notify us of the change in ownership?  Yes     No

Furthermore, do you agree that if you cannot keep the animal you adopt, you must house this animal until a suitable new home is available or until foster home space opens up?  Yes     No

The above statements are true to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_