



Feline Adoption Application

Interviewed by: _____

Animal: _____

Sawyer Lake Veterinary Hospital reserves the right to refuse adoption to anyone who fails to comply with RVH policies. FAILURE TO PROVIDE CORRECT INFORMATION MAY WARRANT ADOPTION DENIAL.

NAME (last) (first) (middle): _____

DATE: ____/____/____

SPOUSE/ROOMMATE: _____

911/STREET ADDRESS: _____

MAILING

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____

ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

1. Is this your first experience with a cat? YES | NO

Please list your presently owned pets

NAME	BREED TYPE	YRS OWNED	NEUTERED?	KEPT WHERE	AGE

2. Have you ever adopted from us in the past? YES | NO – (IF YES, WHEN?) _____

3. You want to adopt a pet for: A HOUSE PET | A CHILD | A GIFT | A MOUSER/BARN CAT | A COMPANION FOR ANOTHER PET | OTHER _____

4. Where will your adopted cat live?
INDOORS ONLY | OUTDOORS ONLY | INDOORS AND OUT

5. We require that all cats to be adopted be spayed or neutered. Do you have any questions or reservations about this?

How do you feel about Declawing? _____

6. Are you prepared to meet the financial responsibility of owning a pet?
(A cost of \$300.00 to \$500.00 per pet, per year.) YES | NO

7. Are you familiar with feline leukemia and Feline Aids virus? YES | NO

8. If the cat is in need of additional care or vaccines, do you plan on bringing him/her back for additional treatment, etc at your cost? YES | NO

9. Who is your regular veterinarian? _____ Phone No. _____

10. Is this pet going to be living with you? YES | NO
If not, with whom? _____

11. How many people live in your household? _____
What are the ages of any children in your household? _____

12. Do all the adults in the household know you plan to adopt? YES | NO

13. Does anyone living in your household have any known allergy to animals?
NO | (IF YES, to what kinds of animals? _____)

14. What Adult will be responsible for the care of this cat? _____

15. Where will this cat be kept during the day? _____ night? _____ When alone? _____

16. Please give 1 reference other than your veterinarian (include phone number/address).

17. Please list any pets you have lost or disposed of in the last 2 years.

NAME & BREED	YRS OWNED	SPAYED?	KEPT WHERE?	WHAT HAPPENED TO PET

18. How did you hear about RVH? _____

19. Who referred you to us? _____

20. Are any of your pets on pet insurance, if you are not aware of it would you consider purchasing pet insurance for the pet you are adopting.

21. Agreeing to microchip your pet will increase your chances of adoption.