



MYSTERY DOG RESCUE
 PO Box 6286, San Antonio, TX 78209
 (210) 551-8262

CAT ADOPTION APPLICATION

Thank you for considering the adoption of a shelter animal! Before you decide to adopt a pet, please consider the time, effort and funds (food, supplies, vaccinations, and veterinary care) necessary to properly maintain an animal. Responsible pet ownership requires a commitment to provide care and companionship for the life of the animal. The decision to adopt a pet is an important one. In order to insure that you and your pet will be happy for years to come, we need to take time to discuss your and the animal's individual needs and personality traits. Please take a few moments to carefully read and complete this application.

ANIMAL APPLYING FOR: _____ **■ CAT** **Date:** _____

Why do you want to adopt a pet? (Check all that apply)			
<input type="checkbox"/> House pet	<input type="checkbox"/> Companion for yourself	<input type="checkbox"/> Companion for other pet	<input type="checkbox"/> Gift (for who?) _____
<input type="checkbox"/> Indoor pet	<input type="checkbox"/> Outdoor pet	<input type="checkbox"/> For place of business	<input type="checkbox"/> Couch/lap warmer
<input type="checkbox"/> Other _____			

PLEASE PRINT LEGIBLY

Name of adopter:		
Drivers License #:		Date of Birth:
Home address:		Unit #:
City:	State:	Zip:
Home phone:	Cell phone:	
Work phone:	Email:	

HOUSEHOLD INFORMATION:

Do you live in: <input type="checkbox"/> House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Other _____		
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease <input type="checkbox"/> Live with parents <input type="checkbox"/> Military Housing <input type="checkbox"/> Other		
Are you Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Apartment or Landlord's Name:		Phone #:
How long have you lived at your current address? _____ Are you planning to move within the next 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of housing will you be moving to? _____		
Ages of children in home: _____		Do grandchildren visit often? <input type="checkbox"/> Yes <input type="checkbox"/> No
The noise/activity level in my home is usually: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		
Does anyone in your household have any allergies to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No		
My new kitten/cat shall live:		
<input type="checkbox"/> Inside only	<input type="checkbox"/> Inside or outside as my pet desires	
<input type="checkbox"/> Outside only	<input type="checkbox"/> Outside and in the garage only	
<input type="checkbox"/> Other: _____		

(OVER)

Where will your new kitten/cat sleep when you take him/her home?	Where will your new pet sleep when it gets older?
Have all cats/kittens in the household been:	
Tested for Feline Leukemia?	Tested for FIV?
How will you correct your new kitten/cat if he/she shows any destructive behavior?	
If this kitten/cat develops behavior problems, what will you do?	
If this kitten/cat gets larger than expected, what will you do?	

ANIMAL CARE INFORMATION:

Who will be primarily responsible for the care of your new pet?
How many hours per day will your pet be without human contact?
Where will the pet be kept when no one is home?
Where will this pet sleep at night?
Under what circumstances would you not keep this pet?
If for any reason you could no longer care for this pet, what would you do with him/her?
Do you know about declawing?

HAVE YOU EVER OWNED A PET BEFORE? Yes No

If yes, please list below current and any other pets YOU have owned:

Cat or Dog	Breed of Pet	Age	M / F	Spayed / Neutered	What happened to him or her?	Current on Vaccinations?	Indoors or Outdoors
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Where did you last have your pet vaccinated?	
Veterinarian's phone:	When was your pet's last visit to the vet's office?

I certify that all statements and answers to the questions on this application are true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Mystery Dog Rescue.

Signature:	Date:
Reviewed By:	Date: