## FOSTER CAT ADOPTION APPLICATION



## (530) 713-9079/www. resqpaws.org Please fax the completed form to 530-674-7456 or email to <u>info@resqpaws.org</u>

Name	Email
Address	City, State, Zip
Primary Phone	Alternate Phone
1. Name of cat that you are interested in adopting:	
2. Do you currently live in a  House  Apartment	□ Condo □ Other
3. Do you currently $\Box$ Own $\Box$ Rent $\Box$ Lease the resid	dence where you live?
4. How long have you lived at your current residence?	
If you are not the property owner, ResQpa	aws will verify your residence's current pet policy.
	Phone Number ()
5. How many adults live in your home?	*
6. Is this cat a gift? $\Box$ Yes $\Box$ No If yes, for whom?	
<ol> <li>Which of the following best describes your reasons for □ Companion □ Kids □ Mouser     </li> </ol>	
8. Will this cat be: $\Box$ Indoor only $\Box$ Outdoor on	nly 🗆 Indoor & Outdoor
9. Where will the cat be kept when no one is home?	
10. Where will the cat be kept at night?	
11. Do you plan to have the cat declawed? $\Box$ Yes $\Box$ N	10
12. If yes, why?	-
13. If you have other pets: Are their vaccinations current	t? □ Yes □ No

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14. If your current pets are not current on vaccinations,	are not current on vaccinations, why?		
15. Do you have a regular veterinarian? $\Box$ Yes $\Box$ No	Name and Phone		

16. Under what circumstances would you **not** keep this cat?

17. Please list all of the pets you have had in the past five years including those you no longer own

Breed	Age	Sex	Altered	Owned How Long	Status of Animal
and the second		Section 199			
		M/F	Y/N		
		M/F	Y/N		
		M/F	Y/N		
		M/F	Y/N		
		M/F	Y/N		
		M/F	Y/N		
		1			1
			M/F M/F M/F M/F M/F	M/F         Y/N           M/F         Y/N           M/F         Y/N           M/F         Y/N           M/F         Y/N           M/F         Y/N           M/F         Y/N	M/F     Y/N       M/F     Y/N       M/F     Y/N       M/F     Y/N       M/F     Y/N       M/F     Y/N

18. Please check the topics you would like to discuss with us today:

	Indoors	v.	Outdoors	
-				A started

Litter box issues  $\Box$  Introduction to other pets  $\Box$  Scratching furniture

Decla	awin	g
□ Cats		

□ Nail trimming □ Grooming

19. Are you in the military?  $\Box$  Yes  $\Box$  No

20. If you are in the military, what are your plans for your cat if you were to deploy?

I certify that the above information is 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 any animal has been adopted to me, the return of that animal to ResQpaws.

I agree that if I am approved for adoption and at any point cannot keep the animal I adopted, I will contact ResQpaws BEFORE taking the animal to a shelter so we can discuss my options.

Signed	Date
Reviewed by	Date
For Office Use Only:         Date Application Approved         Date Application Denied         Reason for Denial         Approval/Denial Made By	Adoption Fee Paid □ Cash □ Card □ Check Adoption Fee \$