

Driver's License #: \_\_\_\_\_

Beare Garden Plantation Animal Rescue 1164 Hwy 258-N, Snow Hill, NC 28580

CAT Pre-Adoption Application

Animal Name \_\_\_\_\_ Animal # \_\_\_\_\_

Why are you interested in adopting? \_\_\_\_\_

**Personal Info**

1) Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address (must be the address at which pet will reside) City/State /Zip \_\_\_\_\_

\_\_\_\_\_

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

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

Have you ever been charged with a violent crime or animal abuse/neglect?  Yes  No

2) Your Age: \_\_\_\_\_ If under 21" please provide your parents' name and phone number.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3) Do all members of your household know that you plan to adopt a cat?  Yes  No

**Lifestyle**

4) Cat's primary living situation [Check ALL that apply)

Cat will be house pet, living primarily inside  Cat will live in garage or basement

Cat will live outdoors  Cat shelter provided

Other- please specify: \_\_\_\_\_

5) How many hours per day will the cat be home alone? \_\_\_\_\_ When home alone the cat will be? (check ALL that apply)  Cat will be loose  Indoors  Outdoors  Other specify \_\_\_\_\_

6) Type of residence:  House  Duplex/Townhouse  Apartment  Other \_\_\_\_\_

If renting, how many pets are you allowed? \_\_\_\_\_ Size/Weight/Breed restrictions? \_\_\_\_\_

7) What are your plans for your pet if you have to move? \_\_\_\_\_

**Other Pets/ Experience**

8) Do you or anyone you are living currently have any other pets?  Yes  No

Dog  Cat Spayed/Neutered  Yes  No Age: \_\_\_\_\_  Indoor  Outdoor  Both

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Are these animals current on all Vaccinations  Yes  No  I don't know

If your pets are not spayed/neutered please explain why \_\_\_\_\_

9) If you currently already have a cat or cats, please answer below:

Has your cat(s) been tested for Feline Leukemia?  Yes  No

Is your current cat(s) declawed?  Yes  No

Do you have a current Veterinarian?  Yes  No If yes, please list your current Veterinarian:

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

10) Have you had pets in the past?

Dog  Cat Spayed/Neutered  Yes  No Age: \_\_\_\_\_ Cause of death \_\_\_\_\_

If not deceased, reason you no longer have this pet? \_\_\_\_\_

Dog  Cat Spayed/Neutered  Yes  No Age: \_\_\_\_\_ Cause of death \_\_\_\_\_

If not deceased, reason you no longer have this pet? \_\_\_\_\_

11) My cat needs to be good with:  Dogs  Other Cats  Children  Adults

12) I would be interested in adopting a special needs (medical or behavioral) pet.  Yes  No

13) References, provide (2) \_\_\_\_\_

\_\_\_\_\_

I certify that the above information is correct. I authorize the Beare Garden Plantation Animal Rescue to contact my references. I understand that this form is not a guarantee or constitute an adoption agreement or contract.

Signature\_\_\_\_\_Date\_\_\_\_\_

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

Approved  Yes  No  Pending

Notes: