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|--------------------------|---|-------------|
| 1 st Approval | £ | Date: _____ |
| 2 nd Approval | £ | Date: _____ |
| Went Home | £ | Date: _____ |
| Ready to File | £ | Date: _____ |



Application for **CAT** Adoption/Foster

MUST BE 21 OR OLDER TO APPLY

Please print *ALL* information

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|------------------|--|------------|----------------|-----------|--|
| First Name: | | Last Name: | | Age: | |
| Co-Applicant(s): | | | | Age(s): | |
| Street Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Employer: | | | Occupation: | | |
| Home Phone: | | | Cell Phone: | | |
| Work Phone(s): | | | Email Address: | | |

A complete answer to ALL questions will enable us to become more familiar with your request and requirements and will help us find the right cat to match your needs and expectations.

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| Age desired: Any Specific Age Senior (8 yrs+) | |
| Sex: (Male Female Either) | |
| Is there a specific cat or kitten from our website or shelter in which you are interested? | |
| If so, which one is it? <i>(if there is more than one with the same name, please specify color, gender, or anything that would allow us to distinguish it from the other one)</i> | |
| Why are you interested in this particular cat/kitten? <i>Please specify.</i> | |
| Would you consider a cat/kitten with Special Needs, such as one who requires medication for a permanent, but controlled, condition? | |
| Would you accept a mixed breed cat/kitten? | Desired Activity Level: (High, Medium, Calm) |
| Do you want to adopt a cat/kitten as a _____ | If YES, is it a surprise gift? |

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| gift for someone? | | | |
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**Please list every pet you have owned in the past five years. Please fill out completely.
(Use the back of the application or an additional page, if needed)**

| Species | Name of Pet | Sex | Spayed/ Neutered | Age | What happened to the pet? |
|---------|-------------|-----|---------------------|-----|---------------------------|
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Please provide the full name, address, and phone number of your current veterinarian (or family/parents' vet if you only had family pets): PLEASE ASK YOUR VET TO RELEASE YOUR VET INFORMATION TO US!

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| Veterinarian's Name and Clinic Name: | | Clinic Phone Number: | |
| City: | | State & Zip: | |
| (Human) Name vet records are under: | | | |

**Please list other veterinarians you have used in the past 5 years.
(Use the back of the application or an additional page, if necessary):**

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|--------------------------------------|--|----------------------|--|
| Veterinarian's Name and Clinic Name: | | Clinic Phone Number: | |
| City: | | State & Zip: | |

Your Home/Family

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|--|--|-----------------------------|--|
| How long have you lived at your current address? | | Do you own or rent? | |
| Renters: Please provide Landlord's name and phone number: | | | |
| Renters: Do you have the permission of your landlord to have a cat/kitten? | | | |
| Please provide the ages of everyone in your household: | | | |
| Do you have family/friends that visit frequently?: | | | |
| Do they share your interest in adopting a cat/kitten? | | | |
| Who is the cat/kitten primarily for? (Adult Child Senior Disabled) | | | |
| Who will be the primary caregiver for the cat/kitten? (who will care for, groom, play with) | | | |
| Does anyone in your household have allergies? | | If YES, to which allergens? | |
| May we visit your home prior to and/or post | | If YES, when? | |

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| application approval? | | | |
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Caring for Your Cat

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| Have you ever owned a cat before? | | How much do you think it costs, annually, to properly take care of a cat/kitten? | |
| Where will the cat/kitten live and play? <i>(Inside Home, Outside, Both Inside and Outside)</i> Please explain. | | | |
| Do you have a cat/dog door? | | If YES, where does it lead? | |
| Where will the cat/kitten stay when you are at work? Running errands? On vacation? | | | |
| How long daily will the cat/kitten be left alone (without humans)? | | | |
| Will cat/kitten be pet and groomed daily? | | Where will the cat/kitten sleep at night? | |
| Have you ever sold or given away an animal for any reason? | | | |
| If yes, please specify why: | | | |
| Have you ever surrendered an animal to a shelter for any reason? | | | |
| If yes, please specify why: | | | |
| If you have cats (now or in the past), are/were they declawed? | | | |
| Do you plan to declaw a cat/kitten you adopt? Please explain. | | | |
| Please tell us why you want a cat/kitten: | | | |
| Please tell us a little about your lifestyle (ex. if you have any special requirements or requests for a cat/kitten, please let us know so that we can more carefully match a cat/kitten to your lifestyle) | | | |

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| <p>If you experience a change in life (get married/divorced, have a baby, etc.), what do you plan to do with your cat/kitten? Please explain.</p> | |
| <p>If you move, what will you do with your cat/kitten? What if you move to an apartment/condo/house where the landlord does not allow pets?</p> | |
| <p>What is your plan for your cat/kitten if you have to evacuate for a hurricane or any other reason?</p> | |
| <p>Have you, or any member of your family/household, been cited for cruelty to animals in the past?</p> | |
| <p>If YES, please specify why:</p> | |
| <p>Please tell us how you became aware of Animal Rescue New Orleans (ARNO) and its programs.</p> | |

May we give your name and address to pet food companies for receipt of specials/coupon offers, etc. These are companies that are helping ARNO feed our rescued animals. ___ YES ___ NO

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| <p>I/We attest that the information supplied in this application is true to the best of our ability, and this application is a necessary part of the adoption process, and the information provided will be kept confidential but is also enforceable under an Adoption Contract. I/We also understand that the submission of this application does not guarantee adoption of a pet from ARNO. I/We also give permission to have any and all information contained on this application verified by ARNO, including but not limited to veterinary and personal reference checks.</p> | | | |
| <p>Applicant's Signature</p> | | <p>Date:</p> | |
| <p>Co-applicant's Signature</p> | | <p>Date:</p> | |

Please save a copy of this adoption application for your records.