## COMMUNITY CAT WELFARE AND PROTECTION

## SOKS Rescue Adoption Application

## APPLICANT'S CONTACT INFORMATION



PLEASE MAKE SURE YOUR EMAIL IS CORRECT AND LEGIBLE. WE WILL CONTACT YOU WITH STATUS ON YOUR APPLICATION BY EMAIL.

## APPLICANTS BACKGROUND INFORMATION

1. Name of cat you are interested in: $\square$
2. Why do you want to adopt a cat? $\square$
$\square$
$\square$
3. Are you considering this cat/kitten to be (choose one):
$\square$
Indoor only
$\square$ Outdoor only
$\square$ Both an indoor and outdoor
4. Do you have an enclosed yard?
$\square$ Yes $\quad \square$ No
If yes, how tall is the fence? $\square$ Feet
5. Where will your cat sleep? $\qquad$
6. How long will your cat be alone during the day/night and where will it stay during your absence?
7. Who will be primarily responsible for your cat's care?
8. Do all members of your household want a cat?
If no, who is not in favor?

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## APPLICANT'S BACKGROUND INFORMATION continued

9. Did you know that cats require yearly vaccinations?

$\square$
Yes
10. Would you consider declawing your pet if it scratches your furniture?

$\square$
Yes $\square$
11. What will you do if your cat develops behavior problems (e.g., cat box problems, spraying, scratching)?
 financially able and willing to take care of any medical issues that your cat might have?

If not, what is your plan if your cat needs medical care that you cannot afford?

|  |  |  |
| :--- | :--- | :--- |
| Are you familiar with Care credit card accounts? | $\square$ Yes | $\square$ |
| No |  |  |
| 13. Are you willing to give your cat back to Rescue if you cannot care for it anymore? | $\square$ Yes | $\square$ No |
| 14. Do you currently have a veterinarian? | $\square$ Yes | $\square$ No |

If yes, what is their name and contact information?

15. You will be sharing your life with a cat for up to 20 years. During this time, the animal
 is completely dependent upon you for food, shelter, health and veterinary care. Are you willing and able to make this lifelong commitment?
16. How many people live in your household? Number of adults $\square$
17. Do you have children who visit you?
$\square$ Yes


No
$\square$

## COMMUNITY CAT WELFARE AND PROTECTION

STOCITON


| Type of Animal | Age | Gender | Spayed/Neutered? | Vaccines Current? | Where Pet Lives? |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

19. Besides the pets listed above, how many animals have you had in the past?

Describe each pet below:

| Type of Animal | Age | Gender | Spayed/Neutered? | Where did the pet live? | What happened with it? |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

20. Have you ever had to re-home or give an animal up to the shelter?
 If yes, please explain what happened? $\square$
 Rent
21. Do you own or rent the house where you live?

If rent, please supply your landlord's contact information (we must verify with your landlord that cats are allowed):

| Landlord's Name | Phone |  |
| :---: | :---: | :---: |
| Email (if available) |  |  |

22. Do you have a backup plan for your cat if you move and your next residence does not allow cats?
$\square$
23. If you are unable to be at home with your cat for an extended period of time (e.g., vacation, emergency or business travel), who will take care of the cat in your absence?
$\square$
24. Would you agree to a home visit to ensure it is secure for a pet?


Yes
$\square$ No

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25. Please list three (3) references of people who know you:

| Name | Relationship to you | Phone |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |

26. Top 5 reasons why people who adopted cats give them up are:
a. Allergies
d. Too destructive or bad habits (marking)
b. Moving or divorce
e. Cannot afford vet bills
c. Having a baby


Do you think that any of the issues mentioned above might make you consider giving up your cat?

Please consider your current situation and what the future looks like for you. Cats are very sensitive and often do not adapt well to changes or disruptions in their lives which can result in behavioral problems and/or medical issues. If you are not willing to work with your cat when it develops behavioral problems and/or medical issues because of changes happening in your family or household, please do not consider adopting a cat. Most behavioral problems can be remedied but it takes time, knowledge, and patience. Please be sure you have thought this out and are ready to devote all time and care necessary to provide a loving, permanent home for a pet.

We reserve the right to decline an application for any reason based on our experience.
Adoption application fees vary by case. These fees help SOKS cover some medical costs associated with our cats: spay/ neuter, deworming, vaccinations, and microchipping.

## Please read and certify the following:

By submitting this form I certify that all information in this application is true. I understand that false information may void this application. I agree that upon adopting a cat from Rescue, I will agree and abide by their Adoption agreement.
$\square$

For SOKS use only:
Accepted by SOKS rep. $\qquad$ Date $\qquad$
Application Reviewed by $\qquad$ Date $\qquad$
Site Visit Conducted by: $\qquad$ Date $\qquad$

