

Post Office Box 17258  
Arlington, VA 22216  
Phone: (703) 525-2159  
Fax: (703) 525-2159  
vballengee@gemlink.com  
www.advocats-inc.org



Date \_\_\_\_\_ 2010

Payment \$ \_\_\_\_\_

Cash  Check # \_\_\_\_\_

## ADOPTION APPLICATION

**Our mission is to place healthy cats and kittens into permanent and loving homes, where they will be considered treasured members of the family for the rest of their lives.**

Our adoption fee is \$150.00. This includes a medical examination, negative F/Lu-F/Iv tests, vaccines and sterilization. We will discuss with you the cat or kitten's history, health and the medical services he or she has received while in the care of AdvoCATs, Inc.

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To be sure that this adoption is in the best interest of you and the cat or kitten, we ask that you answer the following questions on **both sides** of this application. Please print your replies.

Name of cat/kitten you are interested in adopting: \_\_\_\_\_

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

Is this a house?

Address: \_\_\_\_\_

Apartment?

City, State, Zip: \_\_\_\_\_

Condo/Co-Op?

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Mobile Home?

Mobile (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Townhouse?

E-Mail: \_\_\_\_\_

Own  Rent

Name of employer: \_\_\_\_\_ Employer's Telephone: (\_\_\_\_) \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

If you own your home we must see proof of ownership. If you are subject to homeowner's association rules and bylaws, we must see them. **If you do not own, please give the phone number of the landlord or rental agent so we may verify that pet guardianship is permitted:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Number of people in the household: Adults: \_\_\_\_\_ Teens/Older Children: \_\_\_\_\_ Infants/Toddlers: \_\_\_\_\_

Ages of Teens/Children/Babies: \_\_\_\_\_

Is someone home during the day? \_\_\_\_\_ How long each day will cat/kitten be alone? \_\_\_\_\_

Where will the cat/kitten be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_ How will you provide for the cat/kitten's care when you travel or are away from home for more than one day? \_\_\_\_\_

Who in your family will be responsible for the pet's daily care? \_\_\_\_\_

Please provide information about your veterinarian: Veterinarian's Telephone: (\_\_\_\_) \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Name of Clinic or Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

*If you do not have a veterinarian, we can recommend several in your area.*

**A feline may live 20 years or more. Do you agree that pet guardianship is a lifetime commitment?** \_\_\_\_\_

Please tell us why you want to become this cat/kitten's guardian? \_\_\_\_\_

What method of training or correction technique will you use with your cat or kitten? \_\_\_\_\_

What kind of cat/kitten behaviors do you feel unable to accept? \_\_\_\_\_

What would cause your to return the cat/kitten to us? \_\_\_\_\_

Are you aware that the cost of veterinarians and medications can be as much as several hundred dollars per visit per pet? \_\_\_\_\_. Considering the cost of veterinarians, clinics or hospitals, and medications, how much do you think it will cost for a routine visit to the doctor? \$ \_\_\_\_\_

How much do you think it will cost to feed, purchase supplies and care for this cat/kitten each year? \$ \_\_\_\_\_

Will you allow the cat/kitten out-of-doors? \_\_\_\_\_ Will you keep him/her indoors? \_\_\_\_\_

Were any of your previous cats declawed or were their tendons cut? \_\_\_\_\_ Do you plan to have this cat/kitten declawed or to have his/her tendons cut? \_\_\_\_\_ If so, please tell us why you would have this procedure done. \_\_\_\_\_

Are there other pets in your home? \_\_\_\_\_ If you are the guardian of a dog, has he/she been exposed to cats? \_\_\_\_\_ How does your dog behave with or react to cats/kittens? \_\_\_\_\_

Please list all of the companion animals that you have been guardian to in the last five years.

Type/Breed?	Age?	How acquired?	Sterilized?	How long in your care?	Where is he/she now?

Have you or any members of your household been convicted of cruelty to animals? \_\_\_\_\_

How did you hear about AdvoCATs? \_\_\_\_\_

Please take a minute to review your answers. Please use the area below for any comments or explanations you want to add.

Reference: \_\_\_\_\_

**Name**

**Telephone**

Reference: \_\_\_\_\_

**Name**

**Telephone**

**I/We certify that the information provided is true. I/We understand that giving false information will result in nullification of this adoption.**

**Applicant's Signature:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_