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Date _____ 2009
Payment \$ _____
<input type="checkbox"/> Cash <input type="checkbox"/> 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.

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: _____