

# BRIGHT EYES ANIMAL SHELTER, INC.

## Feline Adoption Application

Date: \_\_\_\_\_

### Personal Information

Applicant Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

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

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

If less than 2 years, please list previous address: \_\_\_\_\_

What type of residence (circle one): House Apartment Condo Mobile Home

Does your home have a yard? Yes No Is there a fence? Yes No

Type of fence: \_\_\_\_\_ How tall? \_\_\_\_\_

If the yard is fenced and when the gate is closed, will the dog be completely enclosed? Yes No

Do you rent or own your home? Rent Own

If you rent your home, does your landlord allow pets? Yes No

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Adults in the home: \_\_\_\_\_ Number of Children in the home: \_\_\_\_\_

Ages of Children: \_\_\_\_\_

Have the children lived with pets before: Yes No

Besides your immediate family, are there others who reside in your home? \_\_\_\_\_

If yes, who? \_\_\_\_\_

Does anyone in your family/home suffer from allergies? Yes No

Does everyone in the home agree to this adoption: Yes No

**Employment Information**

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you worked for this employer: \_\_\_\_\_

Name of Spouses Employer (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you worked for this employer: \_\_\_\_\_

**Previous Pet Information**

Have you ever owned a cat before? Yes No

Do you currently own a cat? Yes No

Please list all current pets below:

Pets Name	Breed	Age	Gender	Spayed/Neutered?	Where are they now?

Have you ever adopted from a shelter before: Yes No If so, which shelter? \_\_\_\_\_

Have you ever given away an animal and/or relinquished ownership of an animal to a shelter before? Yes No

If yes, what were the circumstances? \_\_\_\_\_

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

**New Pet Information**

How did you hear about this cat? \_\_\_\_\_

Why are you interested in this particular cat? \_\_\_\_\_

How long have you been looking for a new cat? \_\_\_\_\_

What is the longest period of time the cat will be left alone? \_\_\_\_\_

Where will the cat be kept during that period or while you are at work? \_\_\_\_\_

If kept outside, will there be weatherproof shelter, food, and water available? Yes No

During inclement weather, will you bring your cat inside? Yes No

What will you do with the cat if you have to move or go on vacation? \_\_\_\_\_

What will you do if the cat scratches furniture, jumps on the counter, sheds excessively, etc.? \_\_\_\_\_

Do you plan on declawing the cat? Yes No If yes, please explain: \_\_\_\_\_

What will you do if your pets do not get along with the adopted pet? \_\_\_\_\_

**References**

<b>Name</b>	<b>Phone Number</b>	<b>Relation to Adopter</b>

**I certify that the above information provided is true and correct. I am financially capable of taking care of this animal and will provide the proper food and veterinary care required. I understand that a home check may be mandatory prior to the adoption and that any false statements constitute grounds for removal of the animal from my care. I also understand and agree that Bright Eyes Animal Shelter, Inc. may demand the return of the animal for any violation of the terms of the adoption policy and contract.**

**I understand that Bright Eyes Animal Shelter, Inc. reserves the right to refuse any adoption.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR BRIGHT EYES STAFF ONLY**

**Approved:**

**Denied:**

**Comments:**

**Staff Initials:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_