



ANIMAL WELFARE LEAGUE OF ARLINGTON

CAT ADOPTION APPLICATION

DATE: _____ TIME: _____

Please note: The League may deny any adoption application it deems not in the best interest of the animal.

CAT(S) APPLYING ON (LIMIT 2 AT A TIME):

ID Number	Name	Breed	Age	Sex	
A-				M/F	S/N
A-				M/F	S/N

How did you learn about this animal? (Check one) TV____, Print article (magazine or newspaper)____, Online news story or blog____, Facebook____, You Tube____, Twitter____, Arlington Pets Ap____, AWLA website____, Petfinder/Petango____, Other____

APPLICANT _____ CO-APPLICANT _____

Address: _____ City: _____ State: _____ ZIP: _____

Home phone: _____ Cell phone: _____ Work phone: _____

E-mail: _____

If you prefer NOT to receive e-mail communications from the League, please check this box. ☐

Are you employed: ☐ Full-time ☐ Part-time ☐ Retired ☐ Not Employed ☐ Student ☐ Other: _____

Type of Housing: ☐ House ☐ Condo ☐ Apartment ☐ Townhouse ☐ Mobile Home ☐ Duplex

Length of time at this address? _____ ☐ Own ☐ Rent ☐ Live w/parents ☐ Live w/roommates

If renting, Landlord's name and phone #: _____

How many adults live in your home? _____ How many children? _____ Ages of children? _____

Is any member of your household allergic to cats? ☐ Yes ☐ No

Have you ever applied for or adopted an animal from this shelter before? ☐ Yes ☐ No

If Yes, When? _____ What was the outcome? _____

Why do you want this particular cat? _____

Are you ready to take responsibility for this cat for the rest of his or her life? (15 - 20 years?) _____

How many hours each day will the cat be left without human companionship? _____

Where do you plan to keep your cat? ☐ Indoors ☐ Outdoors ☐ Indoor/Outdoor ☐ Other: _____

Do you plan on declawing your cat? ☐ Yes ☐ No ☐ Maybe

If you currently have cats, we recommend that you keep them separated for 7-10 days to allow time to properly introduce them and to monitor the health of your new cat. Where will you keep your new cat during this time?

☐ Bathroom ☐ Spare Bedroom ☐ Basement ☐ Child's Bedroom ☐ Don't have space to separate them

☐ No need to separate, my cat gets along w/ others ☐ No other cats at home ☐ Other _____

What is your home atmosphere like? (circle one) QUIET SOME ACTIVITY BUSY CHAOTIC

Possible changes in the next 10 years: ☐ Moving ☐ Change in roommate(s) ☐ Job Transfer/Return to school

☐ Acquiring other pets ☐ Having children ☐ Other _____

Who will care for the cat in your absence (i.e. vacation, emergencies, etc.)? _____

What will you do with your cat if you move? _____

Please list past and current pets:

Name	Type and Breed	Age	M/F	S/N	Current on H/W Prevention (dogs)?	Current on vaccines?	Declawed (cats)?	Indoor/Outdoor?	When did you have this pet? (e.g. 1998-2005)

What veterinarian examines/vaccinates your pet(s)? _____

How much are you willing to spend on medical bills for your cat? _____ What will you do if the bills go over this amount? _____

What cat behaviors do you find undesirable and/or unacceptable: (check all that apply)

- ☐ not using the litterbox ☐ fearful ☐ needy ☐ too active at night ☐ inability to get along with other cats/dogs
☐ trying to escape outdoors ☐ hyper ☐ excessively vocal ☐ destructive scratching/chewing
☐ biting/scratching people ☐ jumping on counters ☐ not good w/ children ☐ Other _____

Is there a behavior listed above or any other for which you would feel the need to return the cat to us? _____

How long are you willing to give this cat to adjust? _____

Once all adoption requirements are met, you must adopt and pick up your cat within 24 hours. Do you have any conflicts with this? ☐ Yes ☐ No If yes, please explain: _____

Do you agree not to declaw this cat, and to keep the cat as an indoor only house pet?

☐ Yes ☐ No **Please initial** _____

Our adoption contract states that you will take this cat to a vet within 10 days. The initial exam fee will be waived if you visit one of our participating vets. You will be responsible for any medications or treatments the cat requires. You are also required to keep this cat up to date with rabies vaccinations and medical care as needed. Do you understand and agree to this? ☐ Yes ☐ No **Please initial** _____

Have you, or has anyone who lives with you, ever been convicted of animal cruelty, neglect or abandonment?

☐ Yes ☐ No **Please initial** _____

I certify that all the information in my application is complete and accurate. I understand that false or incomplete information may result in the denial of my application. The League reserves the right to request additional materials prior to approving this application including but not limited to vet reference, verification of ownership of residence, proof of financial ability to provide for a pet, etc. We may also contact other shelters/jurisdictions regarding history of pet ownership and/or complaints received.

Signature _____ Date _____

ADOPTION COUNSELOR NAME: _____

PLEASE REMEMBER TO ENTER NOTES INTO PETPOINT!

Revised 9/2013