# *Anderson Animal Shelter Cat Adoption Profile*

**Welcome to Anderson Animal Shelter. We are pleased that you have decided to adopt a pet. Please take a moment to complete the information below to help us to get to know you better. Adopting a pet from Anderson is a matching process. We want to help you find a pet that is best suited for your family. Adoptions are determined on a first come first serve basis. If the animal you are interested in is not a good match, we reserve the right to deny the adoption. Please note that in order to be considered for an adoption you must: 1) Be at least 18 years of age, 2) Have the knowledge and consent of all adults living in your household, 3) Have a valid ID with current address, 4) If you live in an apartment, have the landlord's name and phone number (or lease) .**

Date: ____/ ____/ ____ Your Name: _____

Your Address: _____ _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____)_____ Work Phone: (___)_____

Cell Phone #(___) _____

E-Mail Address: _____

Do You: Attend School ____ Work ____

Do You Live In A: House ___ Apartment ___ Condo ____ Townhouse ____ With Parents ____ Other ____

I Own ____ I Rent ____ Landlord's Name _____Landlord's Phone: _____

1. Number of adults living in household (over 18) ____ Number of children ____ Ages of children _____
2. Which member of your family will hold primary responsibility for the Feeding of your new pet? _____ Training? _____
3. Please tell us why you would like to adopt an animal from us (check all that apply):

Gift ___ Companion for you ___ Companion for another pet ___ To breed __ As a mouser ____ For a child ____

4. What type(s) of pets do you own or have you owned in the past five (5) years?

| Pet's Name | Type/ Breed | Kept Where? | Current Age | Altered? (Spayed/neutered) | Sex | Where is this pet now? |
|---|---|---|---|---|---|---|
| | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | Yes No | M<br>F | |
| | | | | Yes No | M<br>F | |
| | | | | Yes No | M<br>F | |
| | | | | Yes No | M<br>F | |
| | | | | Yes No | M<br>F | |

5. If you have pets now or have had them in the past, who is (was) your veterinarian clinic?
   Clinic: _____ Phone _____)_____

6. If you move in the future, what will you do with your pet(s)? _____

7. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your new pet? _____

8. Do any members of your household have allergies? _____ If yes, what kind? _____

9. Are you committed to providing a responsible home for your pet's entire life (15+ yr.)? _____

10. What type of personality traits are you looking for in a cat? _____

11. This pet will be alone (without human companionship) for about _____ hrs day _____days a wk

12. Where will the cat be kept during the daytime? _____
    Nighttime? _____
    When alone? _____

13. Do you plan to let your cat exercise outdoors? _____

14. Do you plan to declaw your cat?: _____

15. What will you do if your cat:

Climbs on furniture, etc

_____

Scratches inappropriate objects (furniture)

_____

Chews or eat plants

_____

Urinates outside the litter pan

_____

16. It may take your pet two weeks or longer (especially if other pets are nvolved), to adjust to its new home.

Are you prepared to allow this much time to adjust?

_____

**By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that Anderson Animal Shelter has the right to deny my request to adopt an animal(s) and I authorize investigation of all statements in this application. I understand that this application is the property of Anderson Animal Shelter.**

Signature: _____ Date _____/_____/_____

How did you hear about Anderson Animal Shelter?: _____

_____STAFF USE ONLY ~ PLEASE DO NOT WRITE BELOW THIS .INE._____

Adoption Counselors Initials: _____

ID Verification Complete _____Pending _____ ARC

Adopting _____ Name of cat approved for: _____

Pending _____Reason_____

Denied _____ Reason_____

Additional Comments:_____

_____