

ANIMALWORKS ADOPTION APPLICATION (FELINE) (865) 379-2227

ANIMAL'S NAME: _____ **APPROX AGE:** _____ **BREED:** _____ **KT:** _____

ADOPTER INFORMATION:

Are you at least 18 years old? Yes No; Age verification via photo I.D. such as a driver's license.

Name: _____ Home Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____ e-mail: _____

- 1.) Describe your residence: Apartment Dorm Condo Mobile Home Multi-family Single family
- 2.) Do you live in the City County
- 3.) Ownership of residence: I Own, I Rent. How long have you lived at this address? _____
If you rent, Landlord's Name: _____ Phone # _____
May we contact your landlord to verify the landlord's pet policy? Yes No
If no, why not? _____
- 4.) Do all of the adults residing within your residence agree to this pet adoption? Yes No
- 5.) Does anyone living with you have any allergies to dogs or cats? Yes No / if yes, to which one? _____
- 6.) How many children are in your home? _____ What are their ages? _____

PET INFORMATION:

- 1.) How many other pets are in your residence? Dogs: _____; Cats: _____.
Are they all spayed or neutered? Yes No
If No, do you plan to have these pets sterilized? Yes No. If Yes, when? _____
If you do not plan to have these pets sterilized, why not? _____
Please list by name, all of the pets you have owned in the last five years: _____

- 2.) If you have cats, have all of them been tested for Feline Leukemia/Feline Aids (Combo Tested) ? Yes No
- 3.) If so, what were the results of the test? NEGATIVE POSITIVE (circle one)
- 4.) If not, would you be willing to get them tested in order to adopt a cat/kitten from AnimalWorks? Yes No
(To help prevent the spread of contagious disease, AnimalWorks tests all of it's cats/kittens for Feline Leukemia and Feline Aids **PRIOR** to adoption.)
- 5.) Are all of your pets on flea control, such as Frontline, Advantage, etc.? Yes No
If not, why? _____
- 6.) Are all of your pets up to date on their vaccinations, Rabies, Distemper, etc? Yes No
If not, why? _____
- 7.) Have you ever adopted from AnimalWorks? Yes No

8.) Have you ever applied for an animal from AnimalWorks and been declined? Yes No If so, why?

9.) If the cat/kitten you are interested in requires grooming/brushing on a **REGULAR BASIS**, do you agree to provide such grooming for the lifetime of this pet? Yes No

10.) If the cat/kitten you are interested in adopting requires grooming/brushing and you cannot do this yourself, do you have a groomer in mind? Yes No If no, would you like a recommendation? Yes No

11.) If a behavioral problem should arise (scratching, urinating out of litter box, etc..) how would you address it?

12.) Do you have a Veterinarian? Yes No.

If yes, what is the name of your Veterinarian: _____ Tel.# _____

If you have a Veterinarian, when did you last visit your Veterinarian? _____

What was the purpose of this visit? _____

13.) If you do not have a Veterinarian, would you like a recommendation? Yes No

14.) Have you ever had a pet that is no longer with you? Yes No

If yes, what happened to this pet? _____

If the pet died, what was the cause of death _____

ADDITIONAL INFORMATION:

1.) How much do you plan to budget for pet care (medical and food) each month? \$ _____

2.) How many hours per day will your pet be left alone? _____

3.) Where will your cat/kitten sleep at night? _____

4.) Where will this cat/kitten live: Indoors Only Outdoors Only Indoors and Outdoors.

5.) When a cat or kitten is de-clawed, it is not just the toenail that is removed. De-clawing involves the surgical amputation (cutting off) of the bone/knuckle of each toe, similar to amputating a human fingertip. Do you plan to have this cat/kitten de-clawed? Yes No

6.) If you move, what will you do with this pet? _____

7.) If requested, would you allow an AnimalWorks Representative to visit your home? Yes No

8.) Why do you want to adopt this cat/Kitten? _____

My signature below indicates that all information in this application is truthful.

Applicant's Signature: _____ Date: _____

Adoption Counselor Signature: _____ Date: _____

The adoption application will be reviewed by an adoption representative and either approved or denied.
AnimalWorks reserves the right to refuse an adoption to anyone for any reason.