

Tenth Life Cat Rescue Adoption Application

Application Requirements

- ___ A current photo I.D.
- ___ An additional I.D. with current address and phone number (a phone bill will suffice).
- ___ If you rent, your landlord's name and phone number, or a copy of your lease stating that you are allowed to have cats, is required.
- ___ Any children younger than 13 years of age, who live in the household, are required to be present for the adoption process.
- ___ Two personal references, which cannot reside with you and one must have a local address.
- ___ A veterinary reference. If this is your first pet, we can help you find a reputable vet.

The Adoption Process

We take the placement of our cats very seriously and do everything we can to give them the best possible chance of finding a permanent home. Therefore our adoption process may seem quite involved. Please read through our procedures before starting your application:

- Before meeting any cat (that includes petting cuddling, and getting to know), we'll ask you to complete an Adoption Application. This paperwork must be completed first in order to minimize stress for you and the cats. We would hate for you to fall in love with a cat and then find that your application does not qualify you for adoption. The process includes an application, an interview, proof of identity, and verification of addresses and phone numbers.
- Once all paperwork has been satisfactorily completed, you will have a brief interview and informational session with a trained Adoption Counselor. Feel free to ask any questions you have regarding feline health or behavior. This interview allows us to determine which cats would best suit your home. We are very up-front with the personalities, history and behavior of all of our cats, allowing you to make the best choice for your living situation. Tenth Life retains all adoption applications indefinitely, and they stay "active" for 3 months, so please don't feel rushed to make a decision right away.
- Once you choose a cat, you will be given records of the cat's vaccinations, as well as any other necessary veterinary information. You will be asked to sign an Adoption Contract and pay an adoption fee of \$75. The adoption fee helps with the cost of the cat's spay/neuter surgery, current vaccinations, negative blood tests, and deworming.

It is very stressful for cats when adoptions fall through, which is why Tenth Life takes the time to carefully screen applicants and to find perfect homes for our kitties. Thank you in advance for your patience with our process. If you have any questions, feel free to ask them at any time.

Thank You!

APPLICANT/CO-APPLICANT INFORMATION

Last Name	First Name	DOB
Last Name	First Name	DOB
Address	APT #	
City	State	Zip
How long have you lived at this address?	Home Phone ()	
Cell Phone ()	Email	
Is your phone number listed?	Under whose name?	

Do you <input type="checkbox"/> rent or <input type="checkbox"/> own?	Are you allowed to have cats?
Landlord's/Condo Board's Name & Phone	
Are you in the Military, National Guard, or Reserves?	
How were you referred to Tenth Life Cat Rescue?	

FAMILY/HOUSEHOLD INFORMATION

Number of adults in household?	Relationship(s)
Have all the adults in the household agreed to this adoption?	
Number of children in the household?	Ages of children?
Is anyone in the household allergic to cats?	Who?
If you have to move in the future, what will you do with your cat(s)?	
Who in the household will be the cat's primary care giver?	

EMPLOYMENT/INCOME INFORMATION

Employer	Position		
Address			
City	State	Zip	# of hours worked per day
Length of employment	Do you travel for work?	Work Phone ()	
Additional source of income			

GENERAL QUESTIONS

Have you ever relinquished an animal companion before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, why?
Have you ever applied for adoption at our shelter before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when?
If your physical health were to fail or you become unable to care for your cat for any reason, what would you do?
Do you have any questions about cat care you'd like us to answer?

CAT CARE INFORMATION AND PREFERENCES

What brand and type of food (wet, dry, both?) do/will you feed your cat?	
How much time are you prepared to allow your cat to adjust to his/her new home?	
If your cat becomes ill, will you be able to afford a bill of \$100-\$800 (or more) for vet care?	
How much are you able to spend on your cat's cost of living in a year?	
Do you plan to let your cat go outdoors? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you plan to have your cat declawed? <input type="checkbox"/> yes <input type="checkbox"/> no
How often will you scoop out the litter box?	Have you ever clipped a cat's nails?

Are you committed to providing a home for your cat's entire life (could be 15 years or more)?

Please list any companion animals you have cared for/lived with, past and present.

Name	Breed	Age	Gender	Neutered	Declawed	Deceased	Where are they now?

VETERINARIAN INFORMATION

Who is your veterinarian?	Veterinarian Phone ()
When was your companion animal's last visit to a veterinarian?	
How many companion animals have you had as an adult?	

ADOPTION PREFERENCES

Why are you adopting a cat at this time? (check all that apply) <input type="checkbox"/> gift <input type="checkbox"/> mouser / barn cat <input type="checkbox"/> to breed
Companion for: <input type="checkbox"/> myself <input type="checkbox"/> other household member <input type="checkbox"/> for another companion animal <input type="checkbox"/> child

What type of cat are you interested in? Age _____ Gender _____ Hair-length _____
Personality _____ Other _____
Some of our cats have special needs. Would you consider adopting one of the following?
<input type="checkbox"/> requires special medication <input type="checkbox"/> is shy or timid
<input type="checkbox"/> requires a special diet <input type="checkbox"/> has a history of biting
<input type="checkbox"/> requires injections <input type="checkbox"/> has elimination/litter box problems
<input type="checkbox"/> requires frequent or daily medical attention <input type="checkbox"/> elderly cats
<input type="checkbox"/> FIV positive cats <input type="checkbox"/> other _____

PERSONAL REFERENCES

References cannot live with you and at least one must have a local address.

Reference #1	Reference #2
Address	Address
City State Zip	City State Zip
Phone ()	Phone ()
Relationship	Relationship

SIGNATURES

Applicant	Date
Co-Applicant	Date

