



Pet Friends, Inc.
 P.O. Box 484 -- Irwin, PA 15642
 724--863--7722

**CAT or KITTEN
 ADOPTION APPLICATION**

Welcome to Pet Friends, Inc. We are glad you have come to adopt a new pet from us.

The following information is requested so that our volunteers can assist you in the selection of a new pet. The welfare of the animal is our foremost consideration. This process is designed to help us determine if the adoption is in the animal's best interest and to assist you in finding an animal most compatible with your lifestyle.

Our animals available for adoption come to us from abusive or neglectful situations. Often they have suffered illnesses or injuries. All animals are examined upon entry and their health is routinely monitored while with us. If they require further medications or treatments, we will discuss the costs and prognosis.

Our adoption fee includes spay/neuter, first distemper vaccination, rabies vaccination (12 weeks or older), leukemia testing, fecal exam for parasites and any needed medication. For safe transportation home and to veterinarian appointments, a plastic cat carrier must be provided by the adopter for cats and kittens.

MINIMUM DONATION: \$80 for a cat \$80 for a kitten (includes prepaid spay/neuter)

IN ORDER TO BE CONSIDERED AS AN ADOPTER, YOU MUST:

- Have identification showing your present address and proof of age (must be over 21)
- Have the written knowledge and consent of landlord
- Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for a pet (i.e., office visits and yearly vaccinations \$75 - \$100 minimum)
- Agree to our spay and neuter requirements
- Agree to call your current veterinarian listed on Page 2, giving them permission to talk with Pet Friends, Inc. regarding the health care of your other pets
- Complete an Adoption Application and sign our Adoption Contract
- Agree to scheduled visitations after adoption

Pet Friends, Inc. reserves the right to refuse adoption to anyone who cannot provide a healthy and safe environment for the animal in accordance with Pennsylvania animal ordinances and laws. No animal will be adopted to prospective owners who mislead or fail to provide accurate information on this adoption application. It takes time to review all applications received. Please allow 3-5 working days for Pet Friends, Inc. to make a decision about your request to adopt. If the adoption is approved, you will be contacted within this time period.

Date: _____

I understand Pet Friends, Inc. policy, have read the criteria, agree to abide by it, and wish to proceed with the adoption process.

Name: _____

Address: _____

Phone: _____

POTENTIAL ADOPTER: PLEASE COMPLETE: I
<p>am interested in adopting (name of cat or kitten):</p> <p>_____</p> <p>_____</p>

Signature: _____

PLEASE COMPLETE THIS FORM. WHEN FINISHED, IT WILL BE REVIEWED BY ONE OF OUR ADOPTION VOLUNTEERS.

1. What kind of pet are you here to adopt? _____ Cat _____ Kitten
2. Why do you want a pet? _____
 This pet will be a: _____ house pet _____ mouser _____ breeder _____ companion for other pet
 This pet is for: _____ my family _____ a relative _____ a gift for _____
3. Do you have a preference as to breed type, sex, age, color, length of hair, etc.?
 _____ yes _____ no If 'yes', what are your preferences? _____
4. Is this your first experience with a pet? _____ yes _____ no
5. Have you ever adopted a pet from us? _____ yes _____ no If 'yes', what kind? _____
6. Have you ever taken an animal to a shelter? _____ yes _____ no
 If 'yes', for what reason? _____
7. How many other pets do you currently have in your household? _____ List more than (4) on back page.

PETS NAME:	_____	_____	_____	_____
TYPE:	___ dog ___ cat _____ other	___ dog ___ cat _____ other	___ dog ___ cat _____ other	___ dog ___ cat _____ other
Time owned:	___ yrs. ___ mos.	___ yrs. ___ mos.	___ yrs. ___ mos.	___ yrs. ___ mos.
Spayed/Neutered	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no
Age:	___ yrs. ___ mos.	___ yrs. ___ mos.	___ yrs. ___ mos.	___ yrs. ___ mos.
Sex:	___ male ___ female	___ male ___ female	___ male ___ female	___ male ___ female
Where does pet live?	___ inside/outside ___ outside only ___ inside only	___ inside/outside ___ outside only ___ inside only	___ inside/outside ___ outside only ___ inside only	___ inside/outside ___ outside only ___ inside only
Declawed	___ no ___ yes: front only ___ yes: all paws	___ no ___ yes: front only ___ yes: all paws	___ no ___ yes: front only ___ yes: all paws	___ no ___ yes: front only ___ yes: all paws

8. List the pets owned in the past five years other than those listed above.

PETS NAME:	_____	_____	_____	_____
TYPE:	___ dog ___ cat _____ other	___ dog ___ cat _____ other	___ dog ___ cat _____ other	___ dog ___ cat _____ other
Time owned:	___ yrs. ___ mos.	___ yrs. ___ mos.	___ yrs. ___ mos.	___ yrs. ___ mos.
Spayed/Neutered	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no
Age:	___ yrs. ___ mos.	___ yrs. ___ mos.	___ yrs. ___ mos.	___ yrs. ___ mos.
Where is pet now?	_____	_____	_____	_____

9. Who is your veterinarian? (Please list vets used for pets you currently have and pets you no longer have.)

Name: _____ Phone: _____

Name: _____ Phone: _____

If you do not currently have a veterinarian, whom do you plan to use? _____

Do you need a referral? Yes No

Do you have any objections to our calling your veterinarian for verification? Yes No

Under what *LAST* name is your pet registered at the veterinarian's office? _____

Can you provide vet care as required by state law for unexpected accidents/health problems? Yes No

10. Do you currently live in a house apartment condo mobile home duplex

11. Do you: own rent lease space in a mobile home park

12. If you rent, does your lease allow pets? Yes No

If you rent, what is your landlord's name? _____ Phone: _____

13. How long have you lived at the above address? _____

14. If you have lived at your current address for less than one year, what was your previous address?

15. How many people live in your household? _____

Do all of the adults share in this decision to adopt? Yes No

If there are children in the household, what are their ages? _____

16. Do you or does anyone living in your household have any known allergies to animals? Yes No

If YES: to what kinds(s) of animals and how severe is the allergy? _____

17. Who will be primarily responsible for the care of this pet? _____

18. Where will this pet be kept during the day? _____ night? _____

19. How many hours will the pet spend alone without human companionship? _____

20. Where will the pet be kept when alone? _____

21. Will this cat be allowed outdoors? Yes No

If "yes", under what circumstances? _____

22. Do you plan on having your cat declawed? Yes No

23. Would you like information on declawing and what the procedure entails? Yes No

24. What will you do if your cat claws furniture or shows other destructive behavior?

25. Would you like information on humane and effective ways to discourage inappropriate scratching? Yes No

25. Do you have any questions? _____
