

ANIMAL PROTECTION LEAGUE OF SC, INC.
6084 Old Leesburg Rd., Hopkins, SC 29061 (803)783-2119 aplpets@bellsouth.net

APPLICATION TO ADOPT/FOSTER A CAT/KITTEN

Instructions: Please read this application, complete both sheets, sign it, and return it to us at the address above or give to an APL representative or to a Petsmart Store Manager. The information you provide in this application and during our interview will help us find a good match for you.

Primary Caretaker/Adopter Name _____ Spouse/Partner/Roommate _____
Address _____ City _____ State _____ Zip Code _____
Home/Cell Phone _____ Work Phone _____ E-Mail Address _____
Occupation _____ Employer _____ Work Schedule _____
Age: Under 21 21 – 30 31 – 40 41 – 50 51 – 60 61 – 70 71 – 80 Over 80

Please list three personal references and their relationship to you:

Name _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip Code _____

Name _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip Code _____

Name _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip Code _____

Your veterinarian:
Name _____ City _____ State _____ Phone _____
Can we contact your veterinarian for a reference? Yes No

Please describe the kind of cat you are interested in adopting:
 Male Female Kitten Adult Can you commit to care for this cat for its whole life? Yes No
Why do you want a cat? _____
Why do you like the breed/mix you are interested in? _____

Please provide the following information about your pets (if any), your children (if any) and your home:

Your dogs: **Names:**
Do you have any dogs? Yes No How many? _____ Breed/mix _____ Ages _____
Any behavior problems? Yes No Any dominance problems? Yes No Do they get along with cats? Yes No Don't know
Are they up to date on vaccinations? Yes No Are they spayed/neutered? Yes No Heartworm/flea prevention? Yes No
Do the dog(s) live inside or outside? _____

Your children:
Do you have children? Yes No Number _____ Ages _____ Have they ever been afraid of cats? Yes No
Do any of your children or any other person residing in your home have allergies to pets? Yes No If so, how will you deal with this?

Have you planned to have children, and if so, what will happen to the cat? _____

Please complete reverse side of this application

Your cats: (Please answer all questions)

Do you plan to declaw your adoptive cat? Yes No

Are you prepared for the possible 1-3 month adjustment period that a newly adopted pet may need? Yes No

If for some reason you are no longer able to keep this pet, do you agree to contact us immediately and return the pet only to us (an APL appointed representative) within one week? Yes No

Do you currently have cats? Yes No How many? _____ Ages _____ Name _____

Any behavior problems? Yes No Any dominance problems? Yes No Don't know Do they get along with other cats? Yes No

Have your cats been spayed/neutered? Yes No Are they up to date on vaccines? Yes No Flea prevention? Yes No

Have your cats been tested for FIV/FELV? Yes No Negative for both? Yes No

Have you owned any cats in the last 10 years? Yes No What happened to them? _____

If you have or had cats, are/were any of your cats declawed? Yes No Were they declawed at the time you acquired them? Yes No

Your home:

Number of adults? _____ Own Rent If you rent, do you have written permission from your landlord to have a cat? Yes No

Landlord's name _____ Telephone Number _____

Is it an apartment duplex townhouse single house mobile home other

How will your cat spend its days? (Check everything that applies)

Indoors with whole or part house access Outdoors Crated Basement Garage Open Porch Screened porch
 Sun room Locked in room Barn Cat House Balcony

How will your cat spend its nights? (Check everything that applies)

Indoors with whole or part house access Outdoors Crated Basement Garage Open Porch Screened porch
 Sun room Locked in room Barn Cat House Balcony

What will happen to your cat when you have to travel or have an emergency away from your home? (Check everything that applies)

Pet sitter Family member will look after Board at kennel Will take with me Leave in yard Leave in house

How many hours do you think you pets alone each day while your work? 2-4 4-6 6-8 8-10 10-12 12-14

Home visit. I/we agree to allow you to visit my/our home by appointment as part of our application or your follow-up process. Yes No

Can you financially care for this cat for its whole life? Yes No

Application Information. All of the information I/we provided in this application is true and correct. If any of the information changes, I/we will advise you promptly. Yes No

Date: _____ Signature of Primary Caretaker: _____ Roommate or Spouse: _____

Signature of APL Counselor (Petsmart Mgr): _____ Approved Yes No

If approved, the animal(s) being adopted is/are: _____

If not, why? _____

If not approved, were they given a referral to another agency? Yes No If so, who? _____

APL representatives are experienced animal welfare volunteers and their decision to adopt or decline will be final.