



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: \$70 for a cat \$70 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 am interested in adopting (name of cat or kitten): _____ _____

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.

<b>PETS NAME:</b>	_____	_____	_____	_____
<b>TYPE:</b>	____ dog ____ cat _____ other	____ dog ____ cat _____ other	____ dog ____ cat _____ other	____ dog ____ cat _____ other
<b>Time owned:</b>	____ yrs. ____ mos.	____ yrs. ____ mos.	____ yrs. ____ mos.	____ yrs. ____ mos.
<b>Spayed/Neutered</b>	____ yes ____ no	____ yes ____ no	____ yes ____ no	____ yes ____ no
<b>Age:</b>	____ yrs. ____ mos.	____ yrs. ____ mos.	____ yrs. ____ mos.	____ yrs. ____ mos.
<b>Sex:</b>	____ male ____ female	____ male ____ female	____ male ____ female	____ male ____ female
<b>Where does pet live?</b>	____ inside/outside ____ outside only ____ inside only	____ inside/outside ____ outside only ____ inside only	____ inside/outside ____ outside only ____ inside only	____ inside/outside ____ outside only ____ inside only
<b>Declawed</b>	____ 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.

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

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? \_\_\_\_\_  
\_\_\_\_\_