

ADOPTION APPLICATION

Page 1 of 3

Na	ame of Cat(s) You	ı Would Like to A	dopt (If known):				
Nar	ne of Applicant:				Age:		
Name of Spouse/Partner:					Age:		
	Home Address:			City:		Zip:	
Home Phone:			Cell Phone:				
Email Address:							
Do yo	u own or rent?	O Own	○ Rent	Length of time	at this address:		
	Type of home:	O House	O Apartment	O Condo	O Farm	Other:	
	If you rent:	Landlord name:			Phone #:		
		Does your le	ease allow pets?	O Yes	O No		
Name(s) of other adults living in home:							
Age(s) of children	n living in home:						
Does anyone in the household have an allergy to ca			ats?	O Yes	O No		
Do all members of your household agree on adopt			ing?	O Yes	O No	O Surprise!	
Employment status: O Full-time		O Retired	O Self-emp	oloyed as:			
If employed, name of employer:			# of years at this employer:				
Position title:				Employer Phone #:			
Why do you want to adopt a cat? (circle or check all			ll that apply)	☐ Companion	☐ Companion	for other pet	□ Barn cat
				☐ Mouser	□ Gift	Other:	
What type of cat	are you interest	ed in: (circle or ch	neck all that apply	·)			
		☐ Male	☐ Female	☐ Kitten	☐ Teen	☐ Adult	☐ Declawed
		P	ersonality Type:				
☐ Good with			th children	☐ Good with other cats		☐ Good with dogs	
If you have a dog, has he/she lived with cats before			e?	O Yes	O No		
CURRENT Pet Inf Name	ormation: Species & Breed	<u>Age & Sex</u>	How <u>Acquired</u>	Dates in <u>Your Care</u>	Spayed/ <u>Neutered</u>	Up-to-Date <u>Vaccinations</u>	<u>Declawed</u>

PAST Pet Information:		Spayed/		How Dates in		Reason No Longer with You	
<u>Name</u>	Species & Breed	<u>Neutered</u>	<u>Declawed</u>	<u>Acquired</u>	<u>Your Care</u>	Or Cause of Death	
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Where will the o		O Indoors only		O Outdoors only		O Both in/out	
If allowed outdo	ors, will the cat b	e: O Attended	O Unattended	O Fenced yard	O Barn	O Garage	O Cat enclosure
Who will have primary responsib		lity for caring for	the cat?		Secondary?		
How will you manage your cat's n		ail health?	☐ Trim nails	□ Declaw	\square Scratch post	☐ Other	☐ Don't Know
If you go away for more than 24 hours, who will care for the cat i			re for the cat in y	your absence?			
Under what circumstances would you need to relinquish ownership of your cat: (circle or check all that apply)							
☐ Sheds	☐ Cost of care	☐ Allergies	☐ Cries	☐ Not a lap cat	☐ Too shy	☐ Too playf	ul/rough play
☐ Scratches furniture ☐ Jumps on furniture/counters			niture/counters	\square Too demanding \square Not enough time to spend with			ne to spend with cat
□ Moving	Moving		'separation	☐ Litter box issues		Other:	
If you move, wh	at will you do wit	h your cat?					
If you could no longer care for the cat, what would you do with it?							
Which other resc	ues/shelters have	you submitted an	application?				
How did you learn about Brenda's Cat Rescue?							
Vet References (wellness care):	If name(s) on re	cord at vet is diff	erent from applica	nt, then please pr	ovide.	
Veterinarian:						Phone:	
Veterinarian:						Phone:	
Veterinarian:						Phone:	
Personal Refere	nces: Please list	three non-relativ	e references.				
Name #1:			Relationship:			Phone:	
Name #2:			Relationship:			Phone:	
Name #3:			Relationship:			Phone:	

Any additional comments, questions, or pertinant information to share?
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Pet ownership is a serious and long-term responsibility. Cats have an average lifespan of 12-18 years and some live longer. Each person who adopts a pet must consider that commitment, and be capable and willing to accept the moral, physical and financial responsibility. Therefore applicants must be at least 21 years old and either employed full-time, self-employed, or retired. Preference is given to applicants residing within 1 hour of Philadelphia. Kittens must be adopted in pairs unless there is a similarly aged companion in residence.
Conditions of Adoption:
I will not declaw this cat and it will reside indoors.
I will comply with all animal related city and state laws.
I will not sell, give away, or transfer this cat.
In the event that I can no longer keep this cat, I will contact BCR.
I wil provide all necessary shelter, food, water and veterinary care for this cat.
If BCR learns of mistreatment or neglect, BCR will retrieve the cat.
I certify that I have never been issued a citation for any violations pertaining to animals.
I am willing to allow a representative of BCR to visit my home as part of the adoption process, if requested.
I am willing to sign a legal pet adoption agreement and I agree to the \$100 (\$150 for two cats adopted at the same time) non-refundable adoption fee, which defrays the cost of care.
I understand that BCR can make no guarantees to the health of the cat that I am adopting. All cats have been sterilized and properly vaccinated. I understand that this cat was a stray, unwanted or abandoned animal who may not have received proper care prior to its rescue.
I certify that the information that I have provided on this application is true to the best of my knowledge, and that I agree to all of the above Conditions of Adoption. I understand that if I have willfully provided false or withheld information, my application may be denied. BCR reserves the right to decline any application for any reason.
Signature of Applicant: Date:
Please email completed application to: applications@brendascatrescue.org OR print out and mail to the following address:
Brenda's Cat Rescue, Suite 45, PMB #90, 701 Cathedral Road, Philadelphia, PA 19128

Can we put you on our list to receive periodic email updates from Brenda's Cat Rescue?

O Yes

 \bigcirc No