



CATOOSA

CITIZENS FOR ANIMAL CARE

Adoption Application

www.catoosacitizensforanimalcare.org

P.O. Box 838 " Ringgold, Georgia 30736 " 706.937.2287

Pet ownership is a major responsibility with a life-long commitment to the adopted pet and should not be taken lightly. Please do not consider this questionnaire an invasion of privacy as this information is for humane society use only and is not disseminated to any other individuals, groups or agencies.

CCAC, Inc. reserves the right to deny an adoption for any reason.

Name of the pet you are interested in adopting: _____

Personal Information: (Please Print)

Name _____ DOB: ____/____/____

Address _____

City, State, Zip: _____

Home Phone: (____) ____ - ____ Mobile Phone: (____) ____ - ____

Work Phone: (____) ____ - ____ Email Address: _____

How long have you lived at your current address? ____ Years ____ Months

Previous Address (if less than 1 year): _____

Place of Employment / Position held: _____

Employer Address & Phone #: _____

How long have you worked for this employer? _____

Driver's License: State ____ # _____

Co-Adopter Personal Information:

Name _____ DOB: ____/____/____

Home Phone: (____) ____ - ____ Mobile Phone: (____) ____ - ____

Work Phone: (____) ____ - ____ Email Address: _____

Place of Employment / Position held: _____

Employer Address & Phone #: _____

How long have you worked for this employer? _____

Driver's License: State ____ # _____

Are you willing to allow a representative from our rescue organization to visit your home by appointment? Yes No

Please check any of the following reasons for adopting this pet: Family Pet Child's Pet Companion Companion for other pet Gift Other

Who will be the primary caregiver? _____

Do all members of the household know about and want a new animal? Yes No

If no, please explain: _____

Do any family members have cat allergies? Yes No

How many hours would the animal be alone during the day? _____

What is your family's lifestyle like? Active and on the go Quiet and relaxed Entertain frequently Lots of kids in and out Travel frequently

Do you have children? Yes No

If you have children, please list name(s) and age(s):

Name	Age

Current and Previous Pet Information

Are there other pets currently in the home? Yes No

If no, have you had pets in the past? Yes No If yes, what happened to them? _____

If you currently have pets, please provide the following information about them:

Name	Breed	Age	Spayed/Neutered
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate where you live: ___apartment ___house ___condo/townhouse ___trailer/mobile home

Do you: ___rent home ___own home

If you rent, do you have the landlord's permission to own a pet? ___Yes ___No

Landlord's name and phone #: _____

Will the cat be an indoor or outdoor cat? _____

Can you provide a permanent home for this pet for 10-15 years? ___Yes ___No

If you move, will your pet go with you? ___Yes ___No

Do you have a plan for your pets if you are unexpectedly away for an extended time? ___Yes ___No

If unable to keep your pet for any reason at any time do you agree to return the pet to us? ___Yes ___No

Do you plan to declaw this cat? ___Yes ___No

Where will this animal receive veterinary care? (or) Where do you take your current pets?:

Vet Name: _____

Practice Name: _____

Address: _____

City, State, Zip: _____

Phone Number: (____) _____ - _____

Have you ever surrendered an animal to a shelter/Humane Society/Animal Control? ___Yes ___No

If yes, please explain the circumstances: _____

Please list the names, addresses and phone numbers of 2 personal references:

1) _____

2) _____

PLEASE READ AND SIGN BELOW By signing below, I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for disallowing the adoption of rescue pet and give CCAC, Inc. the right to reclaim the animal. I authorize the release of veterinarian information related to current and past pets. Applicant must be 18 years of age or older. All rescue organizations have the right to refuse any applicant.

Signing your name below will serve as legal signature.

Signature _____ Date _____

