



Office phone: 636-493-0052
Cell number: 636-675-8550

Adopter's Name _____ DOB _____

Co-applicant if any: _____ DOB: _____

Address _____ City _____ State _____ Zip _____

Home _____ Cell _____ Email _____

Time at current residence _____ Driver's license No & State _____

Do you own or rent: _____ If renting, are you allowed pets: _____

Landlords name and number: _____

Adults in home: _____ Children in home and step children that will visit: _____

How would you best describe your home **Quiet and Calm** **Moderately active** **Grand Central Station**

Employment

Employer _____ Do you travel for work _____ If yes, who will
be caring for pet while out of Town _____

References (Not related)

1 _____ Phone _____ Relationship _____

2 _____ Phone _____ Relationship _____

General Care Information

Do have any pets now: _____ If so please list them: _____

Are they current on vaccines: _____ spayed or neutered: _____ Declawed: _____

Do you plan on declawing: _____

General Care Information continued

Name of your current veterinarian: _____

Contact information of current veterinarian: _____

If you currently have no pets but have in the past, please provide name and contact information of that Vet: _____

Do we have permission to contact your veterinarian: _____ If no, this will delay the adoption process.

What preparations have you made for the homecoming of your new family member:

Litter box litter food wet and dry beds toys scratching posts food / water dishes
water fountains cat trees (cats love to be up high, it gives them a safety zone)

Where will your cat sleep _____

Where will they be kept while you're at work and for how long _____

Do your cats go outside? _____ Have you ever rehomed or surrendered a pet? _____ If yes, explain on back.

How do you discipline your pet _____

What arrangements would you make if you can no longer care for pet _____

You understand a cat can live up to the age of 25 or longer, are you prepared and committed to providing a home and medical care for the rest of his/her life: _____

A cat may require from one day up to several weeks to adjust to their new home. Do you think you can be patient and are you prepared to help them transition? _____

If he/she doesn't seem to be adjusting what would be your plans: _____

PURPOSE OF ADOPTION

COMPANION FOR SELF COMPANION ANIMAL GIFT MOUSER/BARN CAT

Seven More Cats Rescue
Office Phone: 636-493-0052
Cell number: 636-675-8550

BY SIGNING THIS APPLICATION, YOU AGREE TO A WELLNESS CHECK OR VISIT PRIOR TO ADOPTION AND 30 DAYS AFTER ADOPTION. THIS IS ONLY TO INSURE YOU AND YOUR NEW FAMILY MEMBER ARE DOING WELL.

Applicant signature: _____ Date: _____

IF WE DETERMINE THE CAT'S HEALTH OR WELFARE IS IN JEAPORDY WE HAVE THE RIGHT TO REMOVE THE CAT FROM YOUR HOME.

Applicant signature: _____ Date: _____

YOU ALSO AGREE THAT IF YOU HAVE TO GIVE UP YOUR PET FOR ANY REASON, YOU WILL CONTACT SEVEN MORE CATS FIRST AND GIVE US REASONABLE AMOUNT OF TIME TO FIND PLACEMENT BEFORE YOU REHOME THE CAT YOURSELF.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

If you have any questions, please contact Taffy Dozar at 636-493-0052

APPLICANT RECIEVES COPY OF THIS PAGE