



FELINE

Camden County Animal Shelter Pre-Adoption Application

Case # _____ Name _____ Breed _____ Today's Date _____

- **Adopting a pet is a lifetime commitment. Dogs live an average of 12 to 15 years; cats 13 to 17.**
- **We do not adopt pets to live outside full-time, especially to be tied/left out overnight.**
- **All adopted cats/dogs must be spayed/neutered.**

Our organization prides itself on successful adoptions. Your response to this application will aid us in this endeavor. This form also enables our staff to assist you with choosing a pet that is compatible with your lifestyle.

To be considered for adoption you must:

- Provide a valid driver's license or state ID, and be over the age of 21.
- Show proof of your current address; supply written/verbal permission from your landlord if applicable.
- Demonstrate the ability to provide a stable home, a safe environment, necessary veterinary care and nutrition, basic training, identification and companionship for the animal.
- Take the adopted animal to the veterinarian within seven days of adoption and bring your appointment information (time, date, and location) with you to CCAS at the time of adoption.
- Understand that no refunds are given for adopted pets unless the pet has a severe, previously unknown health issue, and you have taken the animal to the veterinarian within seven days of adoption.
- Understand, that if you must give up the pet, you promise to return the pet to CCAS and pay all related fees.

Last Name: _____ First Name: _____ Desired Pickup Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____ Email: _____

1. Where do you live? House Condo Apartment Trailer Student Housing Military Housing Other _____

2a. Do you: Own Rent Live with Parents/Relatives Live with Friends **2b.** Length of Residency: _____

2c. If you are not the owner, give the Landlord or Homeowner's: Name: _____ Phone: _____

3a. How many people including yourself live in your home? _____ **3b.** List everyone living in your home, including you:

Name	Phone Number	Allergic to		Over 18 Years Old?	Age If Younger Than 18.	Live There Full Time?
		Dogs?	Cats?			
		Y N	Y N	Y N		Y N
		Y N	Y N	Y N		Y N
		Y N	Y N	Y N		Y N
		Y N	Y N	Y N		Y N

4. Why do you want to adopt a cat? Companion Family Pet Business Cat Gift Mouser Barn Cat

5. Is this your first experience with a cat? Y N **6.** Who will be responsible for the cat? _____

7. Do you plan on having this cat/kitten declawed? Y N

8a. Will this cat/kitten be allowed outside? Y N **8b.** Where outside? _____

9. Where will the cat sleep? _____ **10.** What will you feed your cat? _____

11. How many hours per day will the animal be without human companionship? _____

12a. Do you have any health conditions that could restrict your ability to care for a cat, either now or in the future? Y N

12b. What are they? _____

13. What will you do with your cat in the event that you:

- a. Are unable to care for your cat? _____
- b. Separate from your significant other? _____
- c. Move? _____
- d. Go on vacation? _____

14. What will you do if your cat stops using the litterbox? _____

15. How will you discipline your cat? _____

16. What will you do if your cat scratches or bites a member of your family? _____

17. What will you do if your cat starts scratching unwanted areas like furniture or carpet? _____

18. What will you do if your cat 's behavior suddenly changes (lack of appetite, lethargy, etc.)? _____

19. Do you agree to pre-adoption and post-adoption follow up calls, e-mails and/or home checks? Y N

20a. Do you have now, or did you have in the last 5 years, other pets? Y N 20b. If yes, please list below:

Have Now?		Species		Name	Breed	Age	Sex		Fixed		Declawed		Up-To-Date On Shots/Vet Visits	
Y	N	Cat	Dog				F	M	Y	N	Y	N	Y	N
Y	N	Cat	Dog				F	M	Y	N	Y	N	Y	N
Y	N	Cat	Dog				F	M	Y	N	Y	N	Y	N
Y	N	Cat	Dog				F	M	Y	N	Y	N	Y	N

20c. For the pets no longer in your care, state where they are now and what happened to them:

21a. Have you ever surrendered an animal to a shelter or rescue? Y N 21b. Which one? _____

21c. What were the circumstances? _____

22a. Do you have now, or did you recently have, a veterinarian? Y N

22b. Vet's name: _____ 22c. Vet's phone number: _____

23. Are you aware that you must take this cat to a veterinarian within 7 days of adoption, and that you must provide the veterinarian's name, phone number, and your appointment date and time to CCAS at the time of adoption? Y N

24. If you don't have a vet reference, please list 2 personal references that can describe your experience with pets:

Name: _____ Phone: _____ Relation to You: _____

Name: _____ Phone: _____ Relation to You: _____

I certify that all of the above information is true. I hereby authorize release/disclosure of any records and/or other pertinent information including employment verification, proof of tenancy, and veterinary/personal references. I understand that any false information given on this application will automatically disqualify me from adopting from this shelter. The shelter reserves the right to deny any application it deems unsatisfactory.

Signature: _____ Date: _____ Cat Case # _____

How did you hear about us? Adoption Event/Fundraiser Brochure/Flyer Family/Friend Returning Customer
Internet Media Walk-In Other _____

CCAS Rep Accepting App: _____ Date: _____ Approved or Denied by _____ Date: _____