

# BRONX TAILS CAT RESCUE APPLICATION FOR FELINE ADOPTION

- *Completion of this form does not guarantee adoption of a cat. We have the right to refuse any adoption based upon the best interest of the animals we serve.*

## In order to be considered as an adopter you must:

- **Be 21 years of age or older**
- **Have identification showing your present address**
- **Have the consent of your landlord or building management**
- **Be willing to pay the adoption fee of \$125 per cat**
- **Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for a pet for the duration of its lifetime.**

CAT: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Are you:     UNDER 21             OVER 21?

Is this animal for yourself and / or your family? \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

Do you RENT or OWN?                     If renting, are pets allowed?

Are you moving anytime soon?

Do you live in an APARTMENT or HOUSE or CONDO or Other: \_\_\_\_\_

How many adults do you live with? \_\_\_\_\_ How many children? \_\_\_\_\_ Ages? \_\_\_\_\_

Does any member of your household have an allergy to cats? \_\_\_\_\_

Who will be responsible for feeding, housebreaking, and training your pet(s)?

\_\_\_\_\_

How many hours per day will the cat(s) be WITHOUT human companionship? \_\_\_\_\_

Will you keep the cat(s):             INSIDE             OUTSIDE             Other: \_\_\_\_\_

Do you have a yard?                     Is it fenced?

Do you go away often?                     Do you have screens on all your windows?

Do you have a balcony, porch, or terrace?

Who will take care of your pet(s) when you are away? \_\_\_\_\_

Will you make a commitment to choose only housing that allows pets?

Will you de-claw the cat(s)?

Will you keep your pet(s) up to date on vaccinations?

Are you able to pay an average of \$200 per year in basic veterinary maintenance?

If your cat(s) becomes ill or injured, are you willing to pay at least \$300 to \$500 in medical costs? \_\_\_\_\_

Are you willing to take responsibility for your pet(s) for the next 10 to 20 years?

Please list all animals you have had in the last 5 years:

TYPE OF ANIMAL	AGE	SEX	ALTERED	CATS DECLAWED			WHERE KEPT	WHERE NOW
			Y N	Y N	Front	All		
			Y N	Y N	Front	All		
			Y N	Y N	Front	All		
			Y N	Y N	Front	All		
			Y N	Y N	Front	All		
			Y N	Y N	Front	All		

Are your pets current on their vaccinations? \_\_\_\_\_

Were/Are your cat(s) been tested for Feline Leukemia?

Feline Aids Virus?

Do you have a dog / cat door?

Who is your veterinarian? \_\_\_\_\_

What is his / her address / phone? \_\_\_\_\_

Would you agree to an announced visit and / or call?

What is the main reason for wanting a cat today? \_\_\_\_\_

\_\_\_\_\_

Please list the details of your employment:

Name of employer(s): \_\_\_\_\_  
\_\_\_\_\_

Address / work location: \_\_\_\_\_  
\_\_\_\_\_

Work telephone number : \_\_\_\_\_

Work email: \_\_\_\_\_

Your position / title: \_\_\_\_\_

How long have you worked at this company? \_\_\_\_\_

Please give us 2 personal references, including name, address, phone number, & relation to self.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

I verify that the information supplied by me on this form is true and correct. I understand that if this document contains any false or incorrect information, as determined by Cecile Goyette, I will be obligated to immediately surrender the cat to Cecile Goyette.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you!  
Bronx Tails  
[bronxtailscatrescue@gmail.com](mailto:bronxtailscatrescue@gmail.com)