

STATEMENT OF UNDERSTANDING

- Agree to maintain on monthly flea/tick preventatives.
- You are financially able to care for animal.
- You agree to provide adequate shelter.
- You agree to provide adequate food/hygiene/companionship.
- I understand that submitting an application does not guarantee that I will be approved for adoption. Tri-County Animal Rescue Center and/or their authorized representative(s) reserve the right and authority for the final approval and disposition on the placement of animals under their care.
- I certify that the information provided on this form is true and correct. I am also financially and physically able to care for the animal that I wish to adopt. I understand that proper food & veterinarian care can be costly and I am able to meet these requirements. I understand that any adoption fee paid is nonrefundable.
- By signing below, I acknowledge that I have completely read this questionnaire, comprehend it fully, and know that applying does not ensure approval. I agree that if at some point in time I am unable to care for this animal, I will return this animal to Tri-County Animal Rescue Center.
- I understand that by signing this form I authorized my veterinarian's office to verify that my other pets are current on vaccinations and clients of the veterinary practice.
- I will provide the animal with all necessary medical care if it becomes sick or injured. I will take the animal to a veterinarian for routine exams and vaccinations.
- Should any behavioral problems arise with this animal (e.g. improper scratching or elimination), I will work with the animal and/or a veterinarian/behaviorist to resolve the issue.
- The animal will live indoors only. I am aware that cats who live outdoors some or all of the time have significantly shorter life expectancies and face many more health risks than cats kept indoors at all times.
- I understand that if any of the terms of this contract are broken at any point in the future, Tri-County Animal Rescue Center reserves the right to remove the adopted animal from my home.
- You affirm that everything you have stated is true.

(Printed Name)

(Signature) Date

Office Use Only

Driver's License or State ID# _____
Housing checked _____ Vet reference _____ Personal References _____
Approved _____ Denied _____ Reason for denial _____
_____ Tri-County Animal Rescue Center signature _____

Feline Adoption Application

Today's Date _____

Name of Pet(s) you wish to adopt _____ **Male** _____ **Female** _____

Name _____ E-mail _____

Address _____

Home Phone _____ Cell Phone _____

Why would you like to adopt this pet? _____

Do you have other pets? _____ Yes _____ No _____ If so, what type of pet(s)?

How many adults in household? _____ Children? _____ Ages of children

Does anyone in your home have allergies to animals? Yes _____ No _____

Do you have previous experience with an animals this age & species? _____

How often will the animal be alone? _____

All pets under your care must have a current Rabies Vaccination given by a veterinarian & a current Tag. (Unless your veterinarian has given you a written waiver for your records)

Date of most recent Rabies Vaccination & Date of Tag Renewal for each pet in home:

Pet #1 _____ Rabies Vaccination _____ Tag _____ Date _____

Pet #2 _____ Rabies Vaccination _____ Tag _____ Date _____

Pet #3 _____ Rabies Vaccination _____ Tag _____ Date _____

Veterinarian's Name _____

Telephone _____

Are all of your animals spayed/neutered? Yes _____ No _____ If no, why not?

RESIDENCE INFORMATION

What type of home do you live in? Apartment/Rent _____ Townhouse/Rent _____ Condo/Rent _____
Rent Single Family Home _____ Own Home _____ Own Townhouse _____ Own Condo _____

If you rent, does your landlord allow pets? Yes _____ No _____ Have you confirmed if there are any
breed/species restrictions? Yes _____ No _____

Do you have authorization from your landlord to have a pet? Yes _____ No _____

If applicable, name of landlord and phone number?

IF RENTAL, IS PET DEPOSIT PAID? Yes _____ No _____ Date of payment: _____

If you become ill or need to travel who will care for
animal? _____

Personal References (no more than 3) List name & phone number.

Comments or any other information that you would like to share:

