



Tri-County Animal Rescue Center
9562 Route 322
Shippenville, PA 16254
(814) 918-2032
contactus@tricounty-arc.org

CAT ADOPTION APPLICATION FORM (page 1)

Full Name: _____ Today's Date: _____

Email: _____ Phone Number: _____

Address: _____
Number Street Apt # City State Zip

Name of cat(s) you wish to adopt: _____ Male Female

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 household have allergies to animals? Yes No

Do you have previous experience with animals this age and species? Yes No

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 / City & Date of Tag Renewal for each pet in the home:

Pet #1 _____ Rabies Vaccination _____ Tag _____ Date _____

Pet #2 _____ Rabies Vaccination _____ Tag _____ Date _____

Pet #3 _____ Rabies Vaccination _____ Tag _____ Date _____

Veterinarian's Name: _____ Phone: _____

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

CAT ADOPTION APPLICATION FORM (page 2)

Residence Information:

What type of home do you live in? Townhouse Apartment Single Family Home

Condo Other: _____

Do you Own or Rent? Own Rent

If you rent, does your landlord allow pets? Yes No

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

If applicable, please provide your landlord's name and phone number so we may contact them or please provide a copy of your lease.

Landlord's Name: _____ Phone: _____

If rental, is pet deposit paid? Yes No Date of Payment: _____

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

Personal References (no more than 3):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Comments or any other information you would like to share:

CAT ADOPTION APPLICATION FORM (page 3)

PLEASE READ CAREFULLY BEFORE CHECKMARKING EACH BOX!
STATEMENT OF UNDERSTANDING

- Agree to maintain monthly flea/tick preventatives.
- You are financially able to care for the 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 and veterinary 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.
- I hereby understand and agree that Tri-County ARC makes no representations or warranties, expressed or implied, about the above mentioned animal's temperament and is hereby absolved from any liability for future damages or injuries caused by said animal. I also understand that Tri-County ARC further gives no guarantees, expressed or implied, of the suitability of the animal to the adopter and/or his family. I hereby understand and agree that Tri-County ARC shall NOT be responsible (unless approved in writing) for any fees or expenses for veterinary costs after the adoption date.
- You affirm that everything you have stated is true.
- I will not have this feline declawed.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Driver's License or State ID # _____

Housing Checked: _____ Vet Reference: _____ Personal References: _____

Approved: _____ Denied: _____ Reason for Denial: _____

TCAR Signature: _____ Date: _____