



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

### **CAT ADOPTION APPLICATION FORM**

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Name of the cat(s) you wish to adopt: \_\_\_\_\_

Why would you like to adopt this cat?

What type of personality are you looking for in a cat?

#### **References (only 1 relative)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Vet: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Lifestyle Information**

Do you have other pets? Yes No

If "Yes" what type of pet(s)? \_\_\_\_\_

How many adults are in the household? \_\_\_\_\_

How many children are in the household? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Does anyone in your household have allergies to animals? Yes No

Do you have previous experience with cats this age? Yes No

How often will the cat be left alone? \_\_\_\_\_

If you become ill or need to travel, who will care for the cat? \_\_\_\_\_

Did every member of the household agree to adopting this cat? Yes No

**Medical Information**

Are all of your current cats/dogs spayed/neutered? Yes No No Pets

Please explain if "No"? \_\_\_\_\_

Are all of your current cats/dogs current on their rabies vaccine? Yes No No Pets

Please explain if "No"? \_\_\_\_\_

**Residence Information**

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

Trailer Other: \_\_\_\_\_

Do you Own or Rent? Own Rent

Does your landlord allow pets? Yes No I own

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

Has a pet deposit been paid? Yes No I own

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: \_\_\_\_\_

Any other information you would like to share?

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**STATEMENT OF UNDERSTANDING**

**PLEASE READ CAREFULLY BEFORE CHECK MARKING EACH BOX!**

Affirm that you have read the posting regarding this animal.

Agree to maintain monthly flea/tick preventatives.

Affirm you are financially able to care for this animal.

Agree to provide adequate shelter/medical care.

Agree to provide adequate food/hygiene/companionship.

Agree to not declaw this animal.

Agree the animal will live indoors only.

Understand that submitting this application does not guarantee that you will be approved.

Understand that by signing this form you are authorizing TCAR to contact your veterinarian's office as a reference and to verify vaccination and spay/neuter records.

Understand that by signing this form you are authorizing TCAR to contact your references.

Should you be selected to adopt one of our cats you agree to pay the adoption fee:

- Cats/kittens under 1 year of age \$95.40 (\$90 adoption fee + \$5.40 PA sales tax)
- Cats 1 year or older \$53 (\$50 adoption fee + \$3 PA sales tax)

Acknowledge that you have completely read and understand this questionnaire.

Affirm that everything you have stated is true.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_