

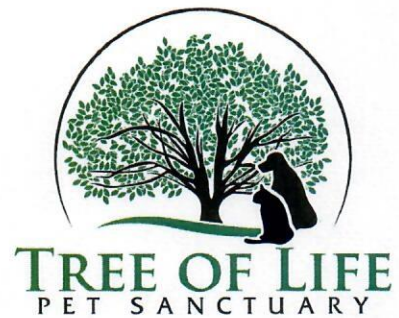
Tree of Life Pet Sanctuary, home of Chesapeake Cats & Dogs, Inc.

"Working to provide a life of love and dignity for all animals"

326 Wye Mills Rd., Queenstown, MD 21658

410-643-9955

www.chesapeakecatsanddogs.org



ADOPTION APPLICATION

For Office Use Only:

Vet Check: _____

App. Reviewed: _____

Home Visit: _____

Chesapeake Cats and Dogs (CCAD) does not guarantee that all prospective adopters/applicants will be approved. We reserve the right to choose the adoptive families we feel are most suited to the pet's needs at the time of application. We evaluate all applicants on a case-by-case basis. People who are not approved may wish to reapply for a different dog or cat at a later time when their circumstances change. In addition, we reserve the right to redirect applicants to a dog or cat that better fits your lifestyle in order to have a successful adoption. If concerns present themselves at any time during the adoption process, we reserve the right to reevaluate your application.

Application is for: _____ CAT

Adopter's Name: _____

Address (where the animal will be living): _____

Phone: Home (____) _____ - _____ (Cell) (____) _____ - _____ (Work/Other):(____) _____ - _____

E-mail Address: _____ Driver's License #: _____

Why have you chosen this specific cat to adopt?:

There is a non-refundable adoption fee – is this acceptable to you?:



VET REFERENCE: Are you using a vet presently or have you used a vet in the last 12 months (*we verify vet references*)?: YES / NO If yes, please provide the name, address, and phone number of your current vet:



HOME:

Do you: Own ____; Rent ____ /Type of dwelling (*check one*): ____ single family home; ____ townhouse; ____ apartment/condo; ____ other (specify) _____

If you rent, do you have the approval to keep a pet from your landlord? YES / NO

Landlord's name and telephone number: _____

Describe the activity level in your home: _____

Are there children currently in the home?: YES / NO Ages: _____

Are there regular child visitors?: YES / NO

Has anyone in the home been diagnosed with dog or cat allergies?: YES / NO

Where will the pet stay when you travel or are away?:

Where will the cat be kept when no one is at home?: _____

How many hours of the day will the cat be left alone?: _____



OTHER PETS

Have you ever given away, sold, or surrendered a pet?: YES / NO If yes, when and under what circumstances?:

Please list all current pets and former pets :

Pet #1: Type (cat/dog) _____ ; Are they spayed/neutered? YES / NO

Still with you? YES / NO; If yes, what is the pet's age: _____; If no, what happened?:

Pet #2: Type (cat/dog) _____ ; Are they spayed/neutered? YES / NO

Still with you? YES / NO; If yes, what is the pet's age: _____; If no, what happened?:

Pet #3: Type (cat/dog) _____ ; Are they spayed/neutered? YES / NO

Still with you? YES / NO; If yes, what is the pet's age: _____; If no, what happened?:

What kind of heartworm meds (for dogs) and flea preventatives (cats and dogs) are you using on current pets?:

(Please give your best estimate for the following:)

Cost of food for one month: _____; What brand of food will you use?:

Cost of routine veterinary care for a year: _____; Have you ever taken a dog to training classes?:

What are your biggest concerns in adopting a pet?:

How would you handle unwanted behavior in a pet (such as cats urinating outside the litter box)?



Applicant hereby consents for _____
(name of veterinarian) to release any information requested by the CCAD rescue group regarding prior animals owned by the applicant and veterinary care provided by the applicant.

(Signature of Prospective Adopter)

Date: _____