

Staff Use Only:

Cat Name(s): _____

Adoption Date: _____ Initials: _____



CAT ADOPTION APPLICATION

Personal Information

<u>Name</u>		<u>Spouse/Partner's Name</u>				
<u>Home Address</u>	<u>Apt.</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Home Phone</u> ()	
<u>Are You:</u> <input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Unemployed/Looking for work <input type="checkbox"/> Other (specify): _____						
<u>Occupation</u>	<u>Work Phone</u> ()	<u>Spouse/Partner's Occupation</u>	<u>Work Phone</u> ()			
<u>Email Address:</u>		<u>Date of Birth:</u>	<u>Drivers License #</u>			
<u>Emergency Contact</u>		<u>Home Phone:</u>		<u>Alternate Phone:</u>		

Household Information

Are there any other adults living in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list below:						
<u>Name</u>	<u>Age</u>	<u>Relationship</u>				
<u>Name</u>	<u>Age</u>	<u>Relationship</u>				
<u>Name</u>	<u>Age</u>	<u>Relationship</u>				
<u>Max # hours s/he left alone daily:</u>	<u>When alone, how will s/he be confined?</u>					
Who will be responsible for the pet? (check all that apply) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Roommate <input type="checkbox"/> Whole House <input type="checkbox"/> Other:(specify) _____						
<u>How many children are at home?</u>	<u>List ages here:</u>					
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent Does your landlord/lease or co-op allow pets? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<u>Landlord's Name:</u>		<u>Landlord's Phone #:</u>				
Where will your pet be kept during the day? <input type="checkbox"/> Inside <input type="checkbox"/> Outside Only <input type="checkbox"/> Access to Inside & Outside <input type="checkbox"/> Other:(specify) _____						
Where will your pet be kept at night? <input type="checkbox"/> Inside <input type="checkbox"/> Outside Only <input type="checkbox"/> Access to Inside & Outside <input type="checkbox"/> Other (specify): _____						
If your pet becomes ill or needs costly veterinary care, you will:						
Do you plan to de-claw your cat? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if they scratch			What are your reasons for wanting a cat? (check all that apply) <input type="checkbox"/> Mouser/Hunter <input type="checkbox"/> Companion <input type="checkbox"/> Gift <input type="checkbox"/> Playmate for other pet <input type="checkbox"/> Other: _____			

(Continued on other side...)

Pet History

Please tell us about your past and present pets:				
Type of Pet	Age	Spayed/Neutered?	How long have you had the pet?	Do you still have this pet? If not, why?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever given up a pet to a shelter? If so, please explain the circumstances:				
Current Veterinarian:				

References *(Not living with you)*

Reference Name	Relationship	Phone Number	Years Known
1.		()	
2.		()	

What is your primary reason for wanting a cat?

**** Please specify which cat(s) you are interested in:**

Please use the space below to tell us why you chose this particular cat:

How did you hear about us? Petfinder.com SPCA Website SC Sentinel
 Aptos Times Other _____

<i>Staff Use Only:</i>	
Call County: (circle one) Okay to adopt	Do not adopt
Adoption Approved By: _____ Adoption Counselor: _____	ShelterCare Policy Given: (circle one) During adoption Post-adoption (mail) <i>Date Mailed:</i> <i>Initials:</i>

Health Waiver



The Santa Cruz SPCA makes every attempt to place healthy animals for adoption. All adoptable animals have been tested for common diseases and have been started on a basic vaccination program as indicated on the medical history record. However, given the nature of our work, no guarantees can be made regarding the underlying health or behavior of our animals. We advise all adopters to schedule a visit with their animals' veterinarian within 3-5 days after adoption. Your veterinarian may recommend additional testing or vaccinations to protect your new companion.

I, _____, on this _____ day of _____, _____, am adopting _____ from the Santa Cruz SPCA. I am aware that this animal has not received a thorough veterinary examination and that the Santa Cruz SPCA cannot verify any medical history, previous or present. Certain conditions may exist in this animal that the Santa Cruz SPCA is not aware of. *The Santa Cruz SPCA assumes no liability for any health conditions or their treatment.*

I understand that the following conditions have been identified in this animal, and agree to provide appropriate veterinary care for these and any other related condition(s):

I also agree to make reasonable attempts to provide veterinary care for any existing conditions, and am committed to providing medical attention to this animal in the future as the need arises. I understand if I cannot fulfill this, or any part of my adoption contract, that I am to return this animal to the Santa Cruz SPCA.

Print Name: _____

Sign: _____ Date: _____

Santa Cruz SPCA Rep: _____



SPCA ADOPTION CONTRACT

Adopter must fill out and sign once application has been approved.

The Santa Cruz SPCA agrees to give the adopter possession and control of the animal described for so long as they comply with the terms of this contract. I, as the adopter, agree that:

1. The Santa Cruz SPCA makes every effort to adopt only healthy animals, but they cannot guarantee the health of any animal. I agree not to hold the SPCA responsible for any future medical treatment of this animal.
2. I will accept this animal as a household pet and companion and will keep it as such. I will comply with all state and local laws and ordinances related to the keeping and care of this animal.
3. I agree to have the animal wear a collar and display appropriate licensing or identification at all times.
4. I assume all responsibility for the well-being of my adopted companion and will provide him/her with devoted and humane care and treatment. I will provide a regular program of preventative health care through a licensed veterinarian.
5. I will never allow my adopted companion animal to be used for experimentation, dog fighting, as a guard dog or any other commercial or utilization activity.
6. I give permission to the SPCA of Santa Cruz County to investigate the premises where the animal is kept and to reclaim the animal, if in their judgment the animal is not being cared for properly, or if I have not complied with the provisions of this agreement.
7. To safely return my adopted companion animal, and further not to sell, trade, give away or abandon the animal.
8. I am aware that animals are different from human beings in their response to human action; that the actions of animals are often unpredictable – and the SPCA makes no representation as to the behavior or temperament of animals available for adoption. I hereby accept possession and title of this animal at my own risk, and hereby release and wave any right against the SPCA which I may have now or in the future for any damages to persons or property caused by this animal.

Signature: _____ Date: _____