



Cullen's Archangel RescuE, Inc. (CARE) Cat Adoption Application & Contract

P. O. Box 90060, Columbia, SC 29290



Email completed forms to: caretoadopt@gmail.com
www.caretoadopt.org

Name _____

Street _____

City/State/Zip _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Best time to call? _____ Home Email Address _____

Occupation (optional) _____

Work Phone (_____) _____ (optional) Work Email (optional) _____

Name of cat/kitten you are interested in: _____ Breed: _____ Sex: _____

How did you hear about this animal? _____

What type of home do you live in? _____ (house, trailer, apartment, duplex, etc.)

Do you: Own____ or Rent____

Approximately how many hours will your cat/kitten be alone each day? _____

Are you willing to have a volunteer visit you in your home prior to and after adoption? Yes____ or No____

(We require all family members who live in the home to be present for the home visit. If a post-adoption visit is scheduled, the pet must be present.)

Are there children living in the home (or visit often)? Yes____ or No____ Ages _____

If yes, are these children good with animals and have experience around animals? Yes____ or No____

Do you plan to supervise your children at all times with the pet you adopt? Yes____ or No____

Does anyone in the household or who visits regularly have pet allergies? Yes____ or No____

Do you have other pets? Yes____ or No____ How many animals do you have? _____

If yes, please describe them below:

Name _____ Age _____ Sex _____ Neutered? Yes____ or No____

Species _____ Breed _____ Personality _____

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Other animals: _____

Do you understand heartworm prevention for dogs and cats? Yes ___ or No ___

Are your pets current on vaccines, heartworm and flea/tick prevention (if it applies)? Yes ___ or No ___
If you listed cats, are they indoor or outdoor? _____

Have your cat(s) been tested for FELV/FIV? Yes ___ or No ___ Negative for both? Yes ___ or No ___

If you listed any dogs, are they indoor or outdoor? _____ Lived w/cats before? Yes ___ or No ___

Do you think your other pets will be accepting of this new pet? Yes ___ or No ___

How do you plan to adjust your current pets to this new pet? _____

What other animals have you had in the past? Please give the animal's name, breed, length of time you had them, and the reason you no longer have them:

Is there someone home during the day? Yes ___ or No ___ At night? Yes ___ or No ___

Where will the cat/kitten stay during the day? _____ At night? _____

How do you plan to adjust the pet into your home? _____

Are you prepared for the 1-3 month adjustment period that a newly adopted pet may need? Yes ___ or No ___

Note: The adjustment period may consist of nothing more than reminding the pet of their house manners (new surroundings & family can unsettle even the best trained dogs). It may also be much more involved and require a consistent routine, dog-proofing your house, extra walks, and a crate (to either finish crate training or as a safe, secure place for one who is already trained). Rest easy though, this period is usually brief and we are here to help you through it! After all, we do this every time a rescued animal comes in and leaves. Yes, you heard us right, every time! It's just a normal part of the process.

Please tell us in your own words what you are looking for in a companion: _____

Required references we may contact: **(if possible, please list one relative and one non-relative)**

Name: _____ Home Phone (_____) _____

Relationship to you: _____ Best time to call: _____

Name: _____ Home Phone (_____) _____

Relationship to you: _____ Best time to call: _____

Current or Past Veterinarian* MUST be included (please give Dr. and clinic's name):

Name _____ Pet(s) seen there: _____

Street _____ Client for how long? _____

City/State/Zip _____

Phone (____) _____ Fax Phone (____) _____

* Please notify your Vet's office that an application has been submitted for adopting an animal from CARE. Give them permission to release general information about you and your pet care history to a CARE representative. In addition, your signature below will also serve as giving your permission to release the aforementioned information (required by some Vets). This is only used for adoption purposes.

Emergency Veterinarian*:

Name _____

Street _____

City/State/Zip _____

Phone (____) _____ Fax Phone (____) _____

* If you do not know who handles emergencies in your city, please research and list them here. Be sure to know in case an emergency ever arises. Most vets will not see their client's emergencies. Usually, you must go to a separate Emergency Clinic. We would like to make sure you are prepared. Please keep this information on your refrigerator or close to the phone.

Adoption Agreement:

I understand that adopting an animal is a lifelong commitment and I am willing to take on this commitment for the animal I adopt from Cullen's Archangel RescuE, Inc. (CARE). I understand that CARE & the veterinarians they use have taken care of everything they see medically necessary for this animal at this time. I understand that any medical condition(s) or medical treatment that may be deemed necessary for this pet at a future time will be my financial responsibility alone. I will not hold CARE or its veterinarians responsible for any medical issues that exist after the time of adoption, unless otherwise noted by CARE's Board of Directors on the bottom of this form. I understand that I may, and am encouraged to, contact CARE should any medical issues arise for guidance and any assistance they can provide me. I understand that this does not obligate CARE to assist with the medical bills in any way.

Initial here _____

I certify that all the information I have provided in this adoption application is accurate and true. CARE will gladly provide phone and email support for the life of your pet. **I understand that if a reason ever arises that I can no longer keep this animal, I MUST return this animal to CARE only.** CARE will take possession of the animal within one week (7 days) after it receives notification from the owner that he or she can no longer keep this animal. I also understand that I am not allowed to adopt this animal from CARE and give it to anyone else as a gift or for any other reason. **I am aware I will need to pay a non-refundable (after 30 days) adoption fee of \$_____ for this animal after CARE's Board of Directors has approved my adoption of this pet.**

Initial here _____

If my pet has not received all vaccinations required by CARE or been spayed/neutered due to the age of the animal, I am to continue vaccinations and spay/neuter this animal by 4 months of age. *I am required by this contract to send copies of the animal's veterinary records as proof vaccines and spay/neuter have been completed. If copies are not*

sent to CARE within 30 days of completion, I understand that CARE can permanently take said adopted animal back from me.

Initial here _____

I promise to continue to keep up with veterinary exams, vaccinations, flea and tick prevention (if needed), and provide any other veterinary care when necessary. I agree to feed this animal 100% nutritionally complete food, provide an ample supply of clean water, and appropriate shelter at all times throughout his/her life. I agree to keep this cat/kitten safely confined in my house and I will not let this pet run loose at any time. I agree to never confine this animal on a rope or chain, and to never crate this animal excessively. Most importantly, I agree to treat this animal as part of my family.

CARE makes no guarantee against accidents nor do we guarantee compatibility with your current pets.

Last, I certify that I am at least 18 years of age, a legal US citizen, and the person interested in adopting this pet. I agree to include a photocopy of my current driver's license for verification purposes. I understand that this will be kept confidential and not given out to any other parties. If you falsify any information or neglect to inform us of any information that is pertinent in processing your application, your application will not be approved. If falsification is discovered after adoption, our pet will be removed from your possession immediately.

Initial here _____

This agreement is binding upon all parties hereto, their heirs, successors and assigns, and shall be governed in accordance with the laws of the State of South Carolina. Any legal actions or disputes will be resolved in the County of Richland, State of South Carolina. This is the full and final agreement. There are no other agreements, oral or otherwise. Any subsequent agreements will be entered into in writing.

Initial here _____

Cats/kittens receive all necessary veterinary care, depending upon age, prior to adoption. This typically includes an exam, vaccines, FELV/FIV test, deworming(s), neuter/spay, and/or other services required to treat an already existing illness/injury. Adoption fees help defray a small portion of these costs.

If you agree to the terms of CARE's adoption policy, please indicate by signing below.

Application Date _____

Approval Date _____

Signature of Applicant (at time of adoption)

Printed Name of Applicant

Interview Date _____

Signature of CARE Board Member

CARE Notes: _____

Revised 10/5/09