



KITTY CITY CAT RESCUE ADOPTION APPLICATION

CAT'S NAME: _____

DATE ADOPTED: _____

Kitty City Cat Rescue, Inc. is an all-volunteer, non-profit organization dedicated to the rescue, care, and adoption of abused, abandoned, and homeless cats in the Middle Georgia community. KCCR operates solely on donations and adoption fees.

Name _____
 Home Phone (_____) _____ Cell Phone (_____) _____
 Email _____ DL# _____ State _____
 Physical Address _____ Apt # _____ City _____ ST _____ Zip _____

- Are you interested in adopting for: Yourself Immediate Family Child Other family Someone else
- Do you: Own Rent Live w/ parents or other family
- Do you live in House Condo* Apartment* Military Housing Mobile Home/Trailer Other _____
 *Name of landlord/complex/property manager _____ Phone Number (____) _____
- *Do you have permission to have a cat? Yes No N/A *Is a pet deposit required? Yes No
- *Have you paid the pet deposit? Yes No
- Will the cat spend its time at the physical address listed above? Yes No If No, where? _____
- Are you or your spouse / significant other in the military? Yes No
 If yes, are you or your spouse at risk of being deployed or moving overseas? No Yes → _____
- How many adults are in your household? _____ How many children? _____ → Ages: _____
- How would you describe your household? Active Noisy Quiet Average ▪ Approx. Sq. Footage of Home? _____
- Is anyone in your household allergic to animals? Yes No If Yes, explain: _____
- Has every adult in your household agreed on adopting a cat and on what type of cat will best suit your family? Yes No
- If indoors, where will the cat be kept? Free roam of house Confined to a room/area Other _____
- Please list **ALL** pets you **currently have** in your household or **have had** in the last 5 years:

Type of Pet	Sex	Age	Fixed?	Kept Where?	Time Owned/What Happened?
1 _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
2 _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
3 _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
4 _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____

- Will the cat/kitten be allowed outdoors? No Yes → If yes, where & for how long each day? _____
- Do you agree that you will not have the cat declawed? Yes No Will have to wait and see
- If you currently own another cat, has it been tested for Leukemia / FIV? Yes No Not Sure If yes, when _____
- Do you have a regular veterinarian? Yes No ▪ Name of clinic/veterinarian _____

Address _____ City _____ Phone # (____) _____

- Do you currently have an animal(s) that is sick or injured? Yes No If yes, explain _____
- Have you had an animal euthanized or die in your care or on your premises within the last 5 years? Yes No
If yes, explain _____
- Have you or a family/household member ever sold, or given away, or taken an animal to a shelter or pound? Yes No
If yes, explain _____
- Would you object to an authorized representative of KCCR inspecting the cat and the premises where the cat is living?
 Yes No If yes, why? _____
- Would you object to a KCCR representative following up on this adoption with one or more phone calls and/or emails?
 Yes No If yes, why? _____
- Have you ever adopted an animal before? No Yes → If yes, where and when? _____
- Have you ever tried to adopt an animal and been turned down? No Yes → Where, when, and why? _____

- What will you do if you cannot, or are not willing, to keep this cat? _____
 - Do you have any questions/concerns about adopting this cat? No Yes → explain _____
 - **REFERENCES** (List persons who **do not** currently live in the same household as you)
- | | |
|--|------------------------------|
| Family Member _____ | Close Friend _____ |
| Address _____ | Address _____ |
| City _____ ST _____ Zip _____ | City _____ ST _____ |
| Phone (____) _____ Relation to you _____ | Zip _____ Phone (____) _____ |

We recommend you take your new cat/kitten to your veterinarian for a wellness checkup with 5 days of adoption. We do NOT pay for this visit. If a health problem is detected you must contact us IMMEDIATELY. Please remember this is a rescue cat. We have no information on its lineage or history prior to coming to our shelter.

MEDICAL CARE NEEDED AFTER ADOPTION (costs and scheduling are full responsibility of Adopter):
Initial here: _____

- I understand that I am responsible for the following medical care for this animal on the dates indicated**
- _____ / ____ / ____ _____ / ____ / ____
 - _____ / ____ / ____
 - Initial booster vaccinations are required by ____ / ____ / ____ and thereafter on a schedule as discussed with my veterinarian.

I, the undersigned, do hereby agree to the following statements and conditions for adoption for the animal described above:

Basic Care: I agree (1) to provide this animal with quality food, fresh water, a clean litter box, shelter, attention/affection, and to keep him/her comfortable, clean, and well-groomed at all times; (2) to make sure that this animal is protected at all times from any type of harassment, neglect, torment, and/or inhumane treatment; (3) to keep this animal indoors; (4) to never allow this animal to ride in the back of an open vehicle (truck, trailer, etc.) unless restrained by a proper crate.

Veterinary Care: I agree (1) to provide professional veterinary attention for this animal at least once a year; (2) to keep this animal current on the vaccinations listed in the section above; (3) in case of this animal's illness or injury, I will seek prompt veterinary care for him/her; (4) to authorize my veterinarian to release any and all medical records concerning this animal to KCCR upon their request; (5) to refrain from declawing this animal; (6) to make sure that this animal will not be euthanized except in the case of his/her terminal illness or injury, or old age accompanied by pain and suffering, and in that case, the euthanasia must be performed by a licensed veterinarian in a private clinic.

_____ I agree never to abandon, give away, sell or dispose of this animal in any way – including taking him/her to an animal shelter. Should the time arise when I determine I no longer want to, or no longer can, keep this animal, I agree to return cat to KCCR immediately (regardless of how much time has passed after adoption.)

_____ I understand that KCCR reserves the right to demand the return of this animal for any of the following reasons: (1) If information has been falsified on the adoption application, during the adoption process, or in conversations with me regarding the subject of this Contract; (2) if KCCR feels that this animal is not in a safe and healthy mental and/or physical environment; (3) if KCCR feels that this animal is not receiving proper care, treatment, or attention; (4) if KCCR determines that I have not complied with the medical health care requirements above; and/or (5) if any of the adoption agreements are broken. I agree to immediately return this animal to KCCR upon demand, making no charges of any nature for licensing, care, food, services, or any other thing.

_____ I understand that KCCR makes no claims or representations as to the temperament, mental disposition/personality or health of this animal. I understand that this animal may have been unwanted or lost and may have been rescued from a dangerous, unhealthy, and/or cruel situation or relinquished by its owner. KCCR may not know this animal's entire history and is not liable for any claims, legal actions, losses, injuries, damages, expenses, or liabilities whatsoever in connection with my adoption or ownership of this animal.

_____ I understand and agree to the following: (1) the adoption fee is non-refundable; (2) to report to KCCR within 48 hours if this animal is lost, stolen, disappears, or dies; (3) to notify KCCR within one week at the address/phone numbers listed below if I have a change in address/phone number; (4) that a KCCR representative will contact me for post-adoption follow up; (5) that KCCR may inspect this animal, its home, and/or its vet records at any reasonable time and I agree that such inspection shall not constitute trespassing.

This adoption contract is entered into on this day _____ of _____, 20____ between Kitty City Cat Rescue and

PRINT ADOPTER'S FULL NAME

ADOPTER'S SIGNATURE

KITTY CITY CAT RESCUE/
PET SUPERMARKET REPRESENTATIVE

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