

_____ Adopter initial(s)

Cat Adoption Application

Animal Ref. ID, if known _____ **Description** _____ **Cage#, if known** _____

Name _____ Email address _____

Address _____ City _____

Home Phone _____ Cell Phone _____ Work Phone _____

Place of employment _____ If you travel for work have you made plans for care of your pet while you are away? Yes No

How will the pet you adopt be used? Pet for you at your home Mouser Gift for someone in your home Gift for someone at another home

Where will your pet live? Always Outside Always inside the family living area Primarily outside with access to garage or utility area Primarily outside with access to family living area Primarily inside family living area with access to outside

Who will be the primary person responsible for the care and cost of your new pet? _____

Please list the number and ages of people in your household: _____

How many hours per day will this cat be left alone? ____ Where will this cat stay when you are not at home? _____

Where will the cat sleep? _____

Do you live in a house a: House Townhouse Condominium Apartment Mobile home

Do you own or rent your home? _____ If you rent your home or property, have you obtained permission from the landlord to have a pet? Yes No

Are you planning to move? Yes No If so, are you able to make sure the pet can go into the new residence? Yes No

Is shedding a concern? Yes No Does anyone in the home have allergies? Yes No

All cats must scratch. It is in their nature. Are you willing to provide scratching posts, boxes, pillars, etc. for your cat? Yes No

Are you planning to declaw this cat? Yes No **Do you understand declawing a cat is actually amputating the first knuckle of each toe and can cause the animal phantom pain, anxiety and behavior issues for many years?** Yes No

If you are unsure about declawing, may we offer some alternatives to assist you? Yes No

What energy level are you looking for? High Medium Low

How will you train your pet or correct inappropriate behavior? _____

Please complete the section below for any and all pets that you have had in the past 5 years:

Type/Species	Breed	Sex	Spayed/Neutered	Where is the animal now?

Have you ever given an animal to a shelter before? Yes No

If yes, name of shelter and what were the circumstances? _____

Do you understand that rabies vaccinations for cats are required by law everywhere in Virginia? Yes No

Do you understand some cities also require CAT licenses? Yes No

The Approval of this adoption application will be based on what is in the best interest of our shelter animal(s)

Do the pets you already own have current rabies vaccinations? Yes No

Do the pets you already own have current animal licenses? Yes No Not required

Animal Services receives over 1,000 lost cats each year, most of which have **NO** tags and are **NEVER** reunited with their families. Have you seen the cats in the Colony Room all wearing collars and tags? Yes No

To protect your new pet, are you willing to keep a collar and ID tag, rabies tag, and/or city license tags on your pet at all times? Yes No

Do you understand that adopted animals must be examined by a veterinarian within two business days of adoption? Yes No

Do you have a veterinarian now? Yes No If yes what is your veterinarian's name _____ Hospital Name _____

Do you understand the cost of owning a cat, including food, vaccinations, flea, and other medical costs can be \$ 200 - \$500 annually? Yes No

PLEASE COMPLETE THE FOLLOWING INFORMATION SECTION IF YOU OR YOUR SPOUSE IS IN THE MILITARY:

Military ID # _____ Current duty station _____

How long will you/spouse be in the Military? _____ Do you live in base housing? Yes No

What will you do with your pet if you are transferred? _____

By signing below, I acknowledge and certify that:

If for any reason you are unable to keep this cat, will you agree to return it to Chesapeake Animal Services? Initial(s) ____ Yes ____ No

I have never been convicted of any violation of an ordinance or statute enacted pursuant to animal abuse, neglect or cruelty. Initial(s) ____ Yes ____ No

CAS makes NO GUARANTEES OR WARRANTIES REGARDING THE HEALTH OR TEMPERMENT OF ANY ADOPTED ANIMAL. CAS is not responsible for any medical costs incurred by me on behalf of any adopted animal.

If I return an animal to CAS within 7 days after adoption, I am eligible for a full refund, **providing that the animal has been examined by a licensed veterinarian as per the adoption contract.**

Every dog or cat that is adopted shall be sterilized, vaccinated against rabies, and implanted with microchip identification prior to release for adoption by the Animal Services Unit, unless completion of such procedures would jeopardize the health of the animal. Anyone who violates this requirement is subject to criminal and civil penalties. Sec. 10-44.1.

Submitting an application is not a guarantee that an animal adoption will be approved. Any omission or falsification of information on this document can result in denial of the application and/or return of the animal.

The information herein provided by the adopter(s) is true and correct, and CAS is authorized to verify such information as necessary.

Applicant's signature _____ **Date** _____

Agency Witness signature _____ **Date** _____

Agency Witness Initials *Approved* _____ *Denied* _____

CAS- Chesapeake Animal Services

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