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| Date: |  | Name & Breed of Cat: |  |

Thank you for your interest in our pets. Please read the following information regarding our adoption guidelines and procedures. You will be asked to sign a legal contract when adopting your pet.

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| Please understand, we will not place a pet into a home if any of the following apply:* The prospective home currently has an un-altered pet.
* The pet will be left outdoors unattended for any length of time.
* The pet is intended as a gift.

Once placed, Tree of Life reserves the right to:* Check on the pet any time to ensure its well-being.
* Remove the pet from the home if any conditions of the adoption contract have been violated or, if the environment is unsafe.
* At any time you find that you can not keep your pet, you must return it to Tree of Life and NOT to any other individual or shelter.

This form and a consultation with an adoption counselor are designed to help you find the cat/kitten most compatible with your lifestyle. Completion of this application does not guarantee adoption of a cat or kitten. Please complete the following questions completely to the best of your knowledge. *In order to be considered as an adopter you must:* * Be 18 years of age or older & have a valid, legal identification.
* Own your own home or have the knowledge and consent of your landlord.
* Be willing and able to provide the proper training & medical treatment necessary for the cat/kitten.
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| Name(s): |  | Home #: |  | Cell #: |  |

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| Address: |  | City: |  | State: |  | Zip: |  |

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| Primary Email: |  | Secondary Email: |  |

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| Employer: |  | City/State: |  | Occupation: |  |

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| # of Adults in Household: |  | # of Children: |  | Ages of Children: |  |

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| Are all adults aware that you are adopting a pet? |  | Does anyone in the household have pet allergies? |  |

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| Who will have primary responsibility for this page? |  | Age: |  |

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| Who is/will be your vet? |  | City/State: |  | Phone #: |  |

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| Why do you want a cat/kitten at this time? |  |

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| Why did you choose this particular cat/kitten? |  |

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| Do you own or rent your home? |  | If renting, do you have permission to have a pet? |  |

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| If applicable, landlord name: |  | Phone #: |  |

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| Residence Type: SFH: |  | TH: |  | Apartment: |  | Condo: |  | Other: |  |

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| Are you looking for an indoor-only cat, outdoor-only, or both indoor/outdoor? |  |

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| # of hours a day the cat/kitten be left alone: |  | Where will he/she be kept when alone? |  |

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| If confined to a room, which room? |  | If crated, in which room? |  |

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| Is this your first cat/kitten? |  | Is this your first pet? |  |

Please list the animals you currently have:

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| Type | Breed | Sex | Age | Altered? | Current on Vaccinations? | Kept where? |
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Please list the animals you have had in the past (*do not include family pets from childhood*):

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| Type | Breed | Sex | Age | Altered? | Where is the animal now? | How long did you have it? |
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| Have your cats been tested for Feline Leukemia? |  | Feline Immunodeficiency Virus (FIV)? |  |

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| Are your cats declawed? |  | If yes, front paws only or all four? |  |

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| Was the procedure done at your request? |  | If yes, why? |  |

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| If no, why did you choose a cat that was declawed? |  |

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| Under what circumstances would you consider declawing a cat? |  |

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| Have you ever given away, sold or surrendered an animal? |  |

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| If yes, what were the circumstances and to whom? |  |

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| Will you have this animal neutered? |  | Will you take this pet for annual veterinary checkups? |  |

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| What method of training/discipline will you use? |  |

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| How were your previous pets trained/disciplined? |  |

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| Sometimes cats/kittens will have an accident in their new home due to stress or because they can’t find the litter box. How will you deal with this? |
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| How long do you think it takes to train a kitten/cat? |  |

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| When you vacation or travel, who will care for this kitten/cat? |  |

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| If you move, what will happen to this cat? |  |

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| If you are no longer able to care for this pet, what will you do with it? |  |

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| How much are you willing to spend on emergency medical bills for this cat? |  |

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| What would you do if the cost exceeded this amount? |  |

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| Have you heard of CareCredit? |  |

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| Did you know some cats can live over 20 years of age? |  |

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| Are you willing to commit to this pet for its entire lifetime? |  |

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| Have you ever applied to adopt an animal from a rescue, SPCA or shelter? |  |

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| If yes, name of organization: |  | Type of animal and when: |  |

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| Are you willing to allow a Tree of Life representative visit where the cat/kitten will be living?  |  |

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| How did you hear about us? |  |

*I certify that the information above is true and understand that false information will result in nullification of this adoption.*

Prospective Adopter Signature: Date:

Prospective Adopter Signature: Date:

Interviewer Signature: Date: