



Dutchie & Renee  
Senior Cat Rescue

## Adoption Application

Animal Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant Name : \_\_\_\_\_

Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Are you 18 years and older: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ How Long at Present Job: \_\_\_\_\_

Number of Children Living at Home: \_\_\_\_\_ Ages of Children: \_\_\_\_\_ Number of Adults: \_\_\_\_\_

Rent/Own Home (circle one) Length of Time at Current Address: \_\_\_\_\_

Are Pets Permitted: \_\_\_\_\_ Where will be cat be kept? Indoors or Outdoors (circle one)

Have you had animals in the past? \_\_\_\_\_

What happened to them? \_\_\_\_\_

Do you have other animals in your home now? \_\_\_\_\_

Please list species, age/s and if they are spayed/neutered/declawed?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever given up a pet? \_\_\_\_\_ If so to where/whom? \_\_\_\_\_

For what reason? \_\_\_\_\_

What is your current Veterinarian's name/office? If this is a new vet, please also provide contact information for your previous vet or emergency care. By contacting your vet we are establishing your history as a responsible pet owner.

Phone Number: \_\_\_\_\_

Are you financially prepared and willing to give this animal the recommended medical care, attention and loving home it requires for a lifetime? \_\_\_\_\_

\* The Dutchie and Renee Senior Cat Rescue Foundation provides financial assistance with any adoption fee per cat which includes all veterinary care to date.

By signing below you verify that all the information you have provided is true and accurate. You also give your permission for a representative of the Dutchie and Renee Senior Cat Rescue Foundation to contact your vet for a reference. Should your application be approved, you further agree to permit a representative to visit your home prior to or concurrently with delivering your new pet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date