

COLORADO CAT RESCUE

A division of the Mar-Sal Cattery – A CFA Registered Cattery of Excellence

RESCUE SERVICES

Assisting in the rescue and placement of all cats in need of a forever home

For more information please contact:

Mark Delman: (303) 400-8919 Email: **Mark.Delman@MarSalCats.com**

Or

Sally Delman: (303) 400-8919 Email: **Sally.Delman@MarSalCats.com**

Cat Adoption Application

Please be aware, the reason this application asks for personal and financial information is so we may confirm that you can provide a stable home for this cat and that you can afford to pay for basic care for this cat including food and vet costs when needed. You will not be excluded from adopting a cat based on your income.

ALL CATS ADOPTED WILL BE SPAYED OR NEUTERED!!!!

YOU MUST BE TWENTY YEARS OF AGE OR OLDER TO ADOPT A CAT!

Are you twenty years of age or older? **YES NO**

Name and/or Breed of cat you want to adopt: _____

Applicant Name: _____ Today's Date: _____

Applicant Social Security # **OR** Drivers License # with State & Expiration: _____

Co-Applicant Name: _____ Relationship to Applicant: _____

Address: _____ Apt./Suite: _____

City: _____ State: _____ Zip: _____ How long at this address: _____

If less than two years, Previous Address: _____

City: _____ State: _____ Zip: _____ How long at this address: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Email Address: _____

If renting, does your landlord permit cats? **YES NO** How many? _____

Landlord Name: _____ Landlord Phone: _____

Please Check One. My annual household income is:

under \$25,000 \$25,000 to \$50,000 over \$50,000

Current Employer: _____ Phone: _____

Address: _____ City/State/Zip: _____

Years at Job: _____ Person to contact for employment verification: _____

If at job less than two years, Previous Employer: _____ Phone: _____

Years at Job: _____ Reason for leaving: _____

Nearest Relative: _____ Phone: _____

Please list two personal references. List real people, as they will be called!

Name: _____ Phone: _____ Years known: _____

Name: _____ Phone: _____ Years known: _____

LIST ALL PETS YOU CURRENTLY HAVE NOW & HAVE OWNED IN THE PAST:

PET'S NAME	CAT OR DOG	SEX (M/F)	AGE NOW OR WHEN DIED	SPAYED/NEUTERED		DECLAWED?		WHERE IS PET NOW?	IF DECEASED, WHEN/HOW?
				YES	NO	YES	NO		
				YES	NO	YES	NO		
				YES	NO	YES	NO		
				YES	NO	YES	NO		
				YES	NO	YES	NO		
				YES	NO	YES	NO		

We ask many of the following questions because certain cats in our care may have special needs like no kids or no other animals. We want to place these cats in homes that best suit their needs.

- 1. Do you live in a **HOUSE APARTMENT MOBILE-HOME CONDO OTHER:** _____
 - 2. This cat will be kept: Daytime **INSIDE OUTSIDE BOTH** At Night **INSIDE OUTSIDE BOTH**
 - 3. Will this cat be confined to a room or have access to most of house? **CONFINED HAVE-ACCESS**
 - 4. Number of adults living in your house: _____ # of children: _____ Children's ages: _____
 - 5. Is anyone home during the time you are at work? **YES NO** (If yes) Who? _____
 - 6. Who will be responsible for the primary care of this cat? _____
 - 7. How many hours will this cat be left alone per day? (average): _____
 - 8. Do you have someone trustworthy to care for this cat if you go on vacation? **YES NO**
 - 9. If you move, will you take this cat with you? **YES NO MAYBE-Explain:** _____
 - 10. Are you willing to take responsibility for this cat for the next ten years or longer? **YES NO**
- Average annual cost of basic care for one cat (food, litter, vet care, ect) is \$300.**
- 12. Can you afford this amount? **YES NO**
 - 13. Are you willing to spend more if necessary to maintain the health of this cat? **YES NO**
 - 14. Do you currently have a Veterinarian? **YES NO**
- (If No) Would you like us to refer you to a qualified Veterinarian? **YES NO**
- (If Yes) Name of Veterinarian for current pet(s): _____ Phone: _____
- (If Yes) Name of Animal Hospital (if applies): _____ Phone: _____
- In whose name are Vet Records listed under? _____

I authorize the release of my pet's (pets) medical records and information from the veterinarian(s) and/or animal Hospital(s) listed above to Mark Delman, Sally Delman and/or any person(s) representing Colorado Cat Rescue.

Signature of Pet Owner: _____ **Date:** _____

Signature of Witness: _____ **Phone:** _____ **Date:** _____

I understand that by filling out this application, all information provided on this form may be verified by any member affiliated with Colorado Cat Rescue. All information on this form is strictly confidential. No information on this form will be released to any person or persons without my permission. I also understand that filling out this application does not guarantee I will be able to adopt this cat or any other cat through Colorado Cat Rescue. Colorado Cat Rescue will keep this application on file whether I am approved for an adoption or not. By signing below, I am acknowledging that I understand the information written on this application and agree to it. I also acknowledge that any and all information provided by me on this application is true and correct to the best of my knowledge, and that any false information purposely provided by me on this application will result in automatic disqualification for adopting this cat or any other cat ever through Colorado Cat Rescue.

Signature of Applicant: _____ **Date:** _____

Signature of Co-Applicant (if applies): _____ **Date:** _____

FOR OFFICE USE ONLY

Date application received: _____ Received by: _____

Did applicant have current veterinarian? **YES NO** (If yes) did they have records? **YES NO** Were records sent to you? **YES NO**

(If yes) were vaccines kept current for past and present pets? **YES NO** Date of last vaccines or check-up: _____

Any additional comments on applicant or vet records: _____

Information about cat applicant is applying for: Any special needs, previous home environment, problem with kids/other animals:

Is applicant approved? **YES NO** (If Yes) Date approved: _____ Is applicant adopting cat listed above? **YES NO**

(If no) why was applicant not approved or if approved for a different cat, please change name/breed of cat listed above and initial.

Also, please list name/breed and details of new cat being adopted by applicant: _____