

Cat Adoption Application
St. Francis Animal Shelter

109 Flatiron Drive, Buffalo, WY 82834
Phone: 307-684-1738 FAX: 307-621-7003

Pet of interest name: _____ Date: _____

Email address: _____

Approved: _____ Denied: _____ Notified: _____

Welcome to St. Francis Animal Shelter. We are glad you have come to adopt a cat from our facility. The following information is requested so that the Adoption Committee can make sure that the pet you found is possibly the right fit for your family. The consultation process is designed to help us determine if the adoption is in the cat's best interest and to assist you in finding a cat that is compatible with your lifestyle.

Our primary concern is the welfare of the animals in our care. We do not want you to be unsatisfied with the pet you choose, so we attempt to place the right pet in the right home. We may refuse an adoption for your sake as much as for the pets, if we feel it will not work.

In Order To Be Considered As An Adopter, You Must:

- 1) Be 18 years of age or older.
- 2) Have identification showing your current address
- 3) Have the knowledge and verified consent of your landlord.
- 4) Agree to a home visit prior to adoption and a visit after adoption.
- 5) Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care of the pet.

Applicant's Name: _____

Daytime Phone: _____ Evening Phone: _____

Other Adults in home: _____

Physical Address: _____

Mailing Address (if not same): _____

City: _____ State: _____ Zip: _____

- 1 Is this your first experience with a cat? Yes No
- 2 Please check any of the following reasons for adopting a cat:

Breeding Family Pet Companion Pet Barn cat Other (specify) _____

3 Do you own any other pets at the present time: Yes No

If yes, please list information:

Name Species Breed Age Sex Spay/Neuter

4 How many pets have you owned in the past 10 years other than those listed above?

Name: Breed Age Sex Spay/Neuter

5 Do you still have these pets? Yes No If not what happened, please be specific.

6 Do you live in a House ___ Apt ___ Duplex ___

7 Do you own ___ or rent ___? If you rent, does your lease allow pets? Yes No

Landlords Name: _____ Ph.: _____

8 How long have you lived at this address? _____

9 How many people live in your house? Adults: ___ Children (ages) _____

10 Do all the adults in your household know that you plan to adopt? Yes No

11 Are there regular visitors to your home (human or animal) with which your new pet must get along? _____

12 Where will you place the cats litter pan? _____

13 Will this be an indoor or outdoor cat? _____

14 Do you understand that your cat will need regular grooming? _____

15 Where will the cat spend the day? Check all that apply.

Indoors ___ Outdoors ___ Crate ___ Garage ___ Barn ___ Other specify

16 How many hours on average will the cat spend alone? _____

17 Where will the cat spend the night? _____

18 Why did you choose this cat? _____

19 Who is your Past/Current Veterinarian? (if none, list whom you plan to use):

Vet Name _____ Phone _____

Vet Name _____ Phone _____

20 References: **Please, NO Relatives**

Name:

State:

Phone:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

All of the above information I have given is true and complete. **Should an intact male or female be placed with me, St. Francis Animal Shelter requires and I agree to have it altered by 6 months of age. If I fail to abide by the 6 months and have not made an alternative written agreement with St. Francis Animal Shelter I will immediately forfeit ownership of the pet back to St. Francis Animal Shelter.**

If I fail to abide by any of the following conditions I forfeit ownership of the pet back to St. Francis Animal Shelter. I agree to the home visits as outlined on the front page. This cat resides in my home as a pet. I will provide it adequate food, water, shelter, attention, training, and medical care. I understand that St. Francis Animal Shelter and its representatives are not responsible for the accuracy of information received about the temperament, physical condition, or habits of the animal available for adoption. I understand that it is my responsibility to see and evaluate the pet for myself before agreeing to adopt the animal.

The St. Francis Animal Shelter and Board of Directors therefore are in no way responsible for any damage, accidents, or injury resulting from the placement of this cat into your home. If your adoption is approved and you take your new pet home and things don't work out, you will have 30 days to bring the animal back to receive a full refund, after 60 you can bring the animal back however no refund will be issued, after 90 days we will require a surrender fee.

In the event it is determined by either a St. Francis Animal Shelter Representative or the adopter that the pet should not remain with the adopter, it is agreed the pet shall be returned to St. Francis Animal Shelter by the adopter. The adopter is to pay any and all return and transportation cost, if applicable. **The pet may not be transferred to another owner; the pet may not be sold, given away or placed in another home or with another organization, without the express written consent of St. Francis Animal Shelter.**

I am in full agreement with these terms of adoption.

Adopter's Name (Please Print): _____

Adopters Signature: _____

SFAS Staff Name (Please Print): _____

SFAS Staff Signature: _____

Date: _____

Veterinarian opinions vary concerning age requirements when spaying and neutering
We are aware of this and chose an average age as our requirement. It is 6 months and
that age is nonnegotiable.

SFAS Reference And Adoption Notes

Landlord Approval YES NO Reason why if no_____

Vet Notes

References

1.

2.

3.

4.
