# ANIMAL RESCUE CAROLINA, INC.

# Application to Adopt a Cat/Kitten ALL ARC ANIMALS ARE SPAYED OR NEUTERED PRIOR TO ADOPTION

Thank you for your patience and for devoting the time and attention needed to complete this application!

The questions are designed to avoid problems that could arise from placing a pet that is unsuitable for your household, doesn't meet your expectations or fit your lifestyle, as well as to prevent potential upset to your family and to the cat.

#### **PLEASE PRINT**

Name of Applic	cant:							Age of Applica	nt:	
Applicant's Spo	ouse:									
	Address (complete with city, state & zip):						Do you Own or Rent? Own Rent			
							If you rent, landlord's phone number:			
Phone Number	:				Email Address:					
Alternate Phon		1								
Your Employer:					Your Occupation:					
Spouse's Emplo										
Your Employer	's Phone N	umber:								
Spouse's Emplo										
Name & Phone Number of Reference 1:						nship to you:				
Name & Phone	Number o	f Referen	ce 2:		Relationship to you:					
Name of Your		ian nauna	ission to volons	_	Your Vet's Phone Number:					
your pet-care i			ission to release Yes	e No						
your per care i	inormation	••	103		ır Pets					
Pets Currently	Indoor/	Breed	Age	Spaye		Declawed?	Vaccines	Describe the	eir Personality	
Owned			Neuter			Current?		· · · · · · · · · · · · · · · · · · ·		
Pets Previously Owned	Indoor/ Outdoor	Breed	Declawed?		V	Vhat happened	d? Where ar	e they now?		
Additional Pet In	formation:									

#### **Your New Cat/Kitten**

If known, what is the name of the cat(s) you wan	t to adop	t?	To help us find a cat that's a good fit for your household, tell us what kind of cat you prefer (for example: Activity level, personality, lapcat, friend for current pet, etc.)
Would you prefer a declawed cat, if available? If yes, why?	Yes	No	
Is any household member allergic to cats?	Yes	No	Where will the cat be kept? (Please mark one)
			Only Inside Inside / Outside Only Outside
Have you ever moved with a cat?	Yes	No	
Will you be moving soon?	Yes	No	Will the cat/kitten be a gift for someone? Yes No

	_				
Evoloin	hower	would	handla tha	following	situations:
EXUIAIII	HOW YOU	would	nanuie uie	IOHOWITE	SILUALIONS.

How would you deal with a cat that hides a lot and is very shy?

How would you deal with a cat that is destructive to your home?

Do you agree to give the cat back to ARC if, for any reason, it doesn't work out or if something were to happen to you?

No

## How Will You Care for Your Adopted Cat/Kitten?

Please provide the type of product used or planning to use:		
Flea treatment/prevention medication:	Will you take the cat for an annual wellness exam? Yes	No
Food:	Will you vaccinate your cat, as recommended by your vet?	No
Who will be the main caregiver for the cat?	Will your cat wear a break-away collar, with identification tags? Yes	No

## Your Home Environment, Family and Lifestyle

Which of the following best of	lescribes your home and lifestyle?			
Lively Home	Quiet Home	Out or travel a lot	Always Home	
Who lives in your home?				
Do you have a cat/dog door for indoor/outdoor access?			Yes	No

Do you give consent for a home visit by an ARC inspector, if requested? Yes No A follow-up call will be made by an ARC volunteer approximately two weeks after the adoption.

**IMPORTANT:** By signing below, I/we certify that there is no intentional deception and that all answers provided are true. By typing my name below, I represent that I am the applicant and my typed name provides the same authorization as my signature.

**Signature of Applicant Date of Application**