



# Cat Adoption Application

Southwest Metro Animal Rescue and Adoption Society

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**Each question on this application must be completed in as much detail as possible. Incomplete applications will not be considered. A copy of our return/exchange policy is on last page of this application.**



Name \_\_\_\_\_ Date \_\_\_\_\_

Marital Status:  Single  Married  Engaged Name of Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Drivers License \_\_\_\_\_

Email \_\_\_\_\_

Are you under 21 years of age?  Yes  No If yes, what is your age? \_\_\_\_\_

Cat/kitten you are interested in: \_\_\_\_\_

Residence: (check one)  House  Condo  Apartment  Hobby Farm  Mobile Home

Do you Own or Rent?  Own  Rent

If Rent, do you have permission from your landlord to have a cat?  Yes  No

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Are you planning on moving in the next year or so?  Yes  No If yes, where and when? \_\_\_\_\_

Do you have children under the age of 18 living in the household?  Yes  No If yes, list their ages \_\_\_\_\_

If you have children, what has been their exposure to cats?  None  Some  A lot

*Excluding* children, spouse, and applicant, list any other residents living in the household

Name (s) \_\_\_\_\_ Relation \_\_\_\_\_

Is everyone living in the household aware of the decision to adopt a cat?  Yes  No If not, list their name (s) \_\_\_\_\_

Who will be the person responsible for the daily care of the cat such as feeding and exercise? \_\_\_\_\_

What is the activity level of your household?  Quiet  Active  Very Active

Are you familiar with your local animal ordinances? (the number of pets allowed to reside in a household?) \_\_\_\_\_

Who will be the person responsible for the daily care of the cat such as feeding and cleaning the litter box? \_\_\_\_\_

How many adult cats are living in the home? \_\_\_\_\_

How often do people visit your home?  Seldom  Occasionally  Very Frequently

Where will the cat be kept during the day when at work and/or away for the day? \_\_\_\_\_

Where will the cat be kept during the night? \_\_\_\_\_

Are you interested in an indoor or outdoor cat?  Indoors  Outdoors  Both If both, explain: \_\_\_\_\_

As an adult, would this be your first cat? (excluding childhood pets)  Yes  No

If this is not your first cat as an adult, what has been your experience with cats?  Had one or two  Knowledgeable & Experience

Describe your past experience with cats and what educational experience you have had with cats. \_\_\_\_\_

\_\_\_\_\_

Please provide a description of how you would correct your new kitten/cat if it showed destructive behavior like spraying, scratching or jumping on counter tops. \_\_\_\_\_

**List all of the pets you have owned within the past 7 years:**

PET #1 \_\_\_Dog (\_\_\_Alpha Dog \_\_\_Beta Dog \_\_\_Unsure) \_\_\_Cat \_\_\_Other \_\_\_\_\_

Spayed/Neutered? \_\_\_Yes \_\_\_No \_\_\_Male \_\_\_Female Age \_\_\_ Breed \_\_\_\_\_

Activity level? \_\_\_Calm \_\_\_Semi-active \_\_\_Active

Housed: \_\_\_Indoors \_\_\_Outdoors \_\_\_Both If both, explain \_\_\_\_\_

Do you still have this pet? \_\_\_Yes \_\_\_No If no, explain in detail what happened to the the pet \_\_\_\_\_

PET #2 \_\_\_Dog (\_\_\_Alpha Dog \_\_\_Beta Dog \_\_\_Unsure) \_\_\_Cat \_\_\_Other \_\_\_\_\_

Spayed/Neutered? \_\_\_Yes \_\_\_No \_\_\_Male \_\_\_Female Age \_\_\_ Breed \_\_\_\_\_

Activity level? \_\_\_Calm \_\_\_Semi-active \_\_\_Active

Housed: \_\_\_Indoors \_\_\_Outdoors \_\_\_Both If both, explain \_\_\_\_\_

Do you still have this pet? \_\_\_Yes \_\_\_No If no, explain in detail what happened to the the pet \_\_\_\_\_

PET #3 \_\_\_Dog (\_\_\_Alpha Dog \_\_\_Beta Dog \_\_\_Unsure) \_\_\_Cat \_\_\_Other \_\_\_\_\_

Spayed/Neutered? \_\_\_Yes \_\_\_No \_\_\_Male \_\_\_Female Age \_\_\_ Breed \_\_\_\_\_

Activity level? \_\_\_Calm \_\_\_Semi-active \_\_\_Active

Housed: \_\_\_Indoors \_\_\_Outdoors \_\_\_Both If both, explain \_\_\_\_\_

Do you still have this pet? \_\_\_Yes \_\_\_No If no, explain in detail what happened to the the pet \_\_\_\_\_

(If extra space is needed to list additional pets, use next page.)

Have your own pets been introduced to other animals? \_\_\_Yes \_\_\_No If yes, how did they react? \_\_\_\_\_

Do you understand the steps required to properly introduce your new cat to the other animals currently living in your home? \_\_\_Yes \_\_\_No

Did your previous pets and/or your current pets receive annual veterinary care? \_\_\_Yes \_\_\_No

Are your pets currently updated on vaccinations? \_\_\_Yes \_\_\_No

Can you provide proof that your pets are currently updated on vacciantions? \_\_\_Yes \_\_\_No

If yes, circle the routine care they receive routinely:

Cats: PRC-C  
RABIES

Dogs: DHPP-C  
RABIES  
HEARTWORM TEST  
TEST FOR PARASITES

IF YES, MONTHLY PREVENTATIVE GIVEN? \_\_\_Yes \_\_\_No

TEST FOR PARASITES

Name of attending clinic \_\_\_\_\_ Phone # Of Clinic \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Whose name is listed on the account? \_\_\_\_\_

Are you aware of the annual routine vaccinations recommended for the health and protection of cats? \_\_\_Yes \_\_\_No

What is your occupation? \_\_\_\_\_

Spouse's occupation \_\_\_\_\_

How many hours will the cat be left alone? \_\_\_\_\_ On average, how many evenings per week do you spend at home? \_\_\_\_\_

Are you and/or your family frequent travelers? \_\_\_Yes \_\_\_No If yes, explain \_\_\_\_\_

How much do you think it will cost to take care of this animal each year? (food, license, vet bills, major medical care if needed, etc.)

\$ \_\_\_\_\_

What activity level are you looking for in a cat?  Calm  Semi-active  Active

Do you know if anyone living in the household is allergic to cats?  Yes  No (answer the 2 following questions accordingly)

If no, if you discover that someone living in the household is allergic, or develops allergies, are you willing to spend additional money on allergy medications?  Yes  No

If you know of someone living in the household that IS allergic to cats, is that person currently on allergy medications?  Yes  No

Are you prepared financially for emergency medical and/or major medical care for the pet?  Yes  No

(Please be aware that emergency and major medical care needed for cats can be expensive)

What are your reasons for adopting a cat? (check all that apply)

Companion for me  Companion for other pet  Companion for Children  House pet

Gift  Mouser  Barn Cat  Other \_\_\_\_\_

Extra space for any more information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT  
READ RETURN-EXCHANGE POLICY ON THE REVERSE SIDE OF THIS APPLICATION BEFORE SIGNING**

**PLEASE READ CAREFULLY**

Although the screening process may seem excessively time-consuming, it is important to keep in mind that screening benefits potential adopters as much as it benefits the animals. Adoption screening increases the likelihood that you will adopt the animal that is right for you! Like humans, animals have unique personalities, backgrounds, temperaments and needs. Not every animal is appropriate for every home. Adoption applications and consultations are important tools in the decision making process. This form, along with a consultation with a SMARAS Representative are designed to help you find the cat most compatible with your lifestyle. SMARAS is responsible for helping potential adopters assess the compatibility of a companion animal.

I understand and accept that it is SMARAS's prerogative to decide which home is most appropriate for the individual cat, and therefore I will not take issue with the decision. Unless otherwise indicated by SMARAS, I may be considered for another cat.

**I HAVE READ THE ABOVE STATED APPLICATION CAREFULLY AND CERTIFY THAT THE INFORMATION I HAVE GIVEN IS ACCURATE AND TRUE.** I UNDERSTAND THAT OMISSION OF INFORMATION AND/OR FAILURE TO ANSWER ALL QUESTIONS AND SIGN THE APPLICATION CAN RESULT IN THIS APPLICATION BEING DECLINED. ALSO, IF AN OMISSION OR UNTRUTH IS DISCOVERED AFTER AN ADOPTION TAKES PLACE, I UNDERSTAND AND ACCEPT THAT SMARAS HAS THE RIGHT TO ANNUL THE ADOPTION AND RECLAIM THE CAT. I UNDERSTAND THAT IF THE PET IS RECLAIMED THERE WILL NOT BE A REFUND OF MONEY. I HAVE ALSO READ AND AGREE TO THE RETURN/EXCHANGE POLICY ON THE REVERSE SIDE OF THIS APPLICATION.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

SMARAS Representative \_\_\_\_\_ Date \_\_\_\_\_

-----OFFICE USE ONLY BELOW THIS LINE-----

Case # \_\_\_\_\_ Breed \_\_\_\_\_

Animal Name \_\_\_\_\_ SMARAS Representative \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# RETURN-EXCHANGE POLICY

## SOUTHWEST METRO ANIMAL RESCUE AND ADOPTION SOCIETY

- 1) Although every animal admitted to Southwest Metro Animal Rescue and Adoption Society (SMARAS) has been provided with a wellness exam by a veterinary clinic prior to adoption, we cannot guarantee the health of every animal, nor can we be held responsible for their behavior after adoption.
- 2) SMARAS provides a Medical Form for each pet adopted from our society listing all of the medical care the pet has received. Refer to this form for explanation of any and all medical treatments. Adopters are required to continue with ongoing veterinarian care for the life of the pet.
- 3) SMARAS offers a free wellness exam by a licensed veterinarian for every animal adopted within seven (7) days of adoption. A list of participating veterinarians will be provided.
- 4) When adopting a pet from SMARAS, you are agreeing to be responsible for any and all medical expenses for the adopted pet.
- 5) If you need to return the pet for health reasons, and you desire an exchange certificate, you may do so within ten (10) days from adoption, if the wellness exam is done within seven (7) days of adoption. An exchange certificate is applicable towards the exchange of an animal of equal or lesser value pending consultation with a SMARAS Representative to determine if the exchange pet is appropriate for the new home. We understand it may take time to find the appropriate pet for the household; therefore, exchange certificates will be valid for up to one (1) year from date of adoption.
- 6) To be eligible for an Exchange Certificate, you must provide SMARAS with the adopter's copy of the Adoption Agreement/ Contract and valid picture identification. Only one Exchange Certificate can be issued per family.
- 7) No exchange certificate will be issued for reasons that should have been considered before making the decision to adopt a pet such as (but not limited to):

Allergies, existing or developed	Not wanted by spouse and/or children, etc.
Not enough time for pet	Digs holes in yard
Not Housebroken	Too playful for people and/or other pets
Moving, can't keep	Sheds too much in house
Scratches the furniture	Barks too much
- 8) If for any reason you are unable to keep the pet, health reasons or otherwise, adopter is required to contact SMARAS for the prompt return of the animal without making any charges of any kind for any liabilities. *This policy is required for the life of the adopted pet.*

## THERE IS NEVER A REFUND OF MONEY

YOUR SIGNATURE ON THIS APPLICATION INDICATES THAT YOU HAVE READ AND FULLY UNDERSTAND THE RETURN/EXCHANGE POLICY AND THAT YOU AGREE TO ABIDE BY THE POLICIES.