



Cat Adoption Application

Southwest Metro Animal Rescue and Adoption Society

P.O. Box 493, Chaska, Minnesota 55318 • email: swmetroanimalrescue@outlook.com

Phone: 952-368-PAWS (7297) • efax: 952-487-5206 • swmetroanimalrescue.org

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	Dogs: DHPP-C	
RABIES	RABIES	
FELINE LEUKEMIA	HEARTWORM TEST	IF YES, MONTHLY PREVENTATIVE GIVEN? <input type="checkbox"/> Yes <input type="checkbox"/> No
TEST FOR PARASITES	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

The above listed reasons, as well as similar behaviors and situations, should be considered prior to adopting an animal. If you are not prepared to handle behavior issues that may arise, it is in your best interest (and the animals) to postpone adoption at this time. Should you decide to postpone the adoption at this time, or take some time to reconsider, SMARAS understands your decision and appreciates your honesty.

- 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.

Please save this form to your computer and email it to swmetroanimalrescue@outlook.com