



Animal Resource Foundation, Inc

P.O. Box 396

Chester, MD 21619

Phone: 410-643-8700 Fax: 410-643-8626

E-mail: info@arfusa.org Website: www.arfusa.org

Cat/Kitten Adoption Application – Adoption Fee \$100.00

Fee Includes:

Physical Examination

Up-to-Date on shots

1st Rabies vaccination

FELV/FIV Test

Spay or Neuter (or reimburse up to \$40.00)

For Official Use Only

Date: _____

Description of Cat/Kitten: _____

Sex: (Circle One) Male or Female Age: _____ Name: _____

Adoption Agent: _____

Approved or Denied: _____

In order to be considered for an adoption you must:

- Be 21 years old or older
- Have knowledge and consent of all adults in your household
- Have landlord's permission, if you are renting
- Be able and willing to spend the time and the money necessary to provide training, medical treatment, and proper care for a pet.

Adoptee Information:

Please complete all sections.

Incomplete applications will not be considered.

Name: _____

Address: _____ Apt # _____

City, State, Zip: _____

Home phone #: _____ Work: _____ Cell: _____

E-mail: _____



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Living Arrangements: Home Owner Renting With Parents

Which do you live in? House Townhouse Condo Mobile Home Other

If renting, please give name and telephone number of landlord:

His/Her Name: _____

How long at current address? _____

What will you do with the cat/kitten if you move? _____

Please tell us about your family:

How many adults in your home? _____

Do you have any children? _____

If yes, how many? _____ Ages: _____

Is someone home during the day? _____ Who? _____

How many hours will the animal be alone per day? _____ Explain _____

Have you or your children ever have a bad experience with a cat or kitten? Yes No

If yes, please explain: _____

Is anyone in your home allergic to cats? Yes No

Do you have any other pets at home? Yes No

If yes, please tell us about them:

Species	Name	Age	Vaccinations Current?	Neutered/Spayed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you have answered no, have you ever owned a pet in the past? Yes No

What happened to him/her? _____

Name and number of your veterinarian: _____ Phone: _____

Have you ever litter box trained a cat before? Yes No

If you answered no, do you understand this process takes time and patience and are you willing to work with the cat/kitten?

Are you planning on "de-clawing" this cat/kitten? Yes No

Is the cat to be: Inside Only In & Out Out Only



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Do you understand that the cat/kitten you are interested in adopting may be from an unknown origin and his/her medical history may or not be available? Yes No

Do you understand and agree that ARF is not responsible for any medical treatment and medical bills after his/her adoption? Yes No

Do you understand that there is an adjustment period with all new pets and that proper training is necessary for a successful relationship? Yes No

Do you understand and agree that ARF is released of all liability pertaining to this cat/kitten when you adopt him/her? Yes No

In completing this application, ARF does not guarantee adoption of an animal. I understand and agree that ARF has the right to deny my application.

All of the answers I have provided are true and accurate to the best of my knowledge.

Signature

Date