



**GUARDIAN ANGELS
CAT RESCUE & ADOPTION SHELTER**
www.guardianangelscatclub.org

1540 Malvern Ave
Suite C
Hot Springs
AR 71901
501 623 3484

ADOPTION APPLICATION

**INSTRUCTIONS: Please PRINT clearly, filling out the application in its entirety.
You will be notified as soon as possible if your application has been approved.**

DATE: _____ **TIME:** _____

Guardian Angels Cat Rescue & Adoption Shelter tries to make the best match between cat and family. Submitting an application does not necessarily guarantee approval for a particular cat. We have many cats that are in need of loving, indoor homes. If you are not approved for the cat you list below, please consider one of our other cats.

ID #: _____ **NAME:** _____ **SHELTER:** **PETCO:**

COLOR: _____ **DESCRIPTION:** _____

ABOUT YOU

NAME: _____ **AGE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME #: _____ **CELL #:** _____

DRIVERS LICENCE #: _____ **EMAIL ADDRESS:** _____

EMPLOYER: _____ **WORK #:** _____

YOUR HOME

QUIET: **NOISY:** **AVERAGE:** **CITY DWELLING:** **RURAL DWELLING:**

Please provide the names and ages of the people who live in your home or will have regular contact with the cat:

NAME	AGE	NAME	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT: Do you have any family members that this adoption could impact negatively, e.g., allergic to cat dander, does not like cats, etc. YES NO

DO YOU LIVE IN A:

HOUSE: **CONDO:** **APARTMENT:** **TRAILER:** **TOWNHOUSE:** **HUD:** **MOTEL:**

RENT: **LEASE:** **OWN:** **LIVE WITH PARENTS:** **LIVE WITH ROOMATE(S):**

IF YOU LIVE WITH PARENTS OR ROOMATE(S) DO YOU HAVE THEIR PERMISSION TO ADOPT FROM US?
YES NO NOT SURE

Why do you want a cat? _____

Who will look after the cat when you are away from home? _____

Where will the cat be kept when alone? _____

How many hours a day will the cat be alone? _____

What will happen to the cat if you need to move? _____

RENTAL APPLICANTS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

LANDLORD NAME : _____ **CONTACT #:** _____

PET DEPOSIT REQUIRED? YES: **NO:** **DON'T KNOW:**

Your rental agreement may specify a per pet deposit, and in some cases, "pet rent." You must have the full knowledge and consent of your landlord/ landlady or other agency when adopting a cat from Guardian Angels.
Please initial here _____

CURRENT OR PAST PETS:

Have you ever had a pet that:
Ran Away/ Got Lost: Was Stolen: You had to give up: Was hit by a car:
Died in your care: What did it die from? _____

Pets that you currently have guardianship of – please include all indoor and outdoor pets

TYPE	NAME	AGE	FIXED (Y/N)	CURRENT SHOTS (Y/N)	KEPT (IN/ OUT)
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	IN <input type="checkbox"/> OUT <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	IN <input type="checkbox"/> OUT <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	IN <input type="checkbox"/> OUT <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	IN <input type="checkbox"/> OUT <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	IN <input type="checkbox"/> OUT <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	IN <input type="checkbox"/> OUT <input type="checkbox"/>

IMPORTANT : If you have other cats in your home, have they each been tested and found negative for Feline Leukemia (FeLV) and Feline Immunodeficiency Virus (FIV) Y N DON'T KNOW

VETERINARY REFERENCE: Please provide the name of the vet that you currently use or intend to use

CLINIC/ DOCTOR: _____ CONTACT #: _____

ADDRESS: _____

Adopting a cat is a great responsibility. You will be sharing your life with your cat for up to 20 years. Your cat is totally dependent on you for food, shelter, cleaning and veterinary care. This involves a financial commitment from a few to hundreds of dollars a year. Have you fully considered and feel able to make such a commitment to your new cat? (Initial here) _____

By signing this application you consent to allow a Guardian Angels Cat Rescue & Adoption Shelter representative to contact your veterinarian to obtain your previous pet history. You also consent to allow Guardian Angels Cat Rescue & Adoption Shelter representative to contact your landlord/landlady to confirm the pet policy in your rented home. (Initial here) _____

Please note: We may receive multiple applications for the same cat. If your application is approved but the cat desired has already been placed, PLEASE consider adopting another.
We have many wonderful cats that all need good, indoor homes.

Please read and sign the following;

I certify that all the information contained within this application is true and, I understand that false or misleading information may void this and all future applications.

APPLICANT'S SIGNATURE **DATE**

GUARDIAN ANGELS CAT RESCUE & ADOPTION SHELTER USE ONLY

REVIEWED BY: _____
 REFERENCES _____
 VET _____ RENTAL _____

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APPROVED NOT APPROVED

UNAPPROVED REASON CODE/NOTES

SIGNATURE **DATE**