

ADOPTION APPLICATION

Application Date:		-				
How did you hear about Salty Cats?						
Thank you for your interest in adopting a cat from Salty Cats of St. Andrews Rescue, Inc. The following information is required so our cats can be placed in the forever home that best suits their needs.						
In order to be considered for an adoption y	you must mee	t the following criteria:				
primary adopter for a liability of the pet. Have the consent of a	minor. The p	nt or guardian may submit this for primary adopter assumes the responding in the household. andlord's consent to have a pet.				
Completion of this application does not guarantee the adoption of an animal in our care. All questions must be answered. Applications are processed in the order they are received. Information provided will remain private and confidential and will only be used for the adoption process.						
First Name	Last Name		Age			
Co-Applicant First Name	Co-Applican	t Last Name	Age			
Phone Number		Email Address	, L			
Address Line 1		Address Line 2				
City, State			Zip Code			



Occupation St. Andrews, Panama City, FL				
Have you ever been convicted of a crime	? Yes N	lo		
If yes, please give the nature of the crime	2:			
Do you have children?	Yes N	lo		
List any additional people in household:				
Who will be the cat's primary caretaker?				
who will be the cat's primary caretaker!				
Why are you looking to adopt a cat? (circ	cle all that apply)			
Companion for you/spouse	Companion for child	dren Replace lost/deceased cat		
Companion for pet	As a gift	Other:		
What kind of home do you live in?				
House	Studio	Townhouse		
Apartment	Condo	Other:		
How long have you lived at this address? Do you rent or own your home?				
Do you have any of the following? (circle all that apply)				
Patio	Pet door	Unscreened doors		
Balcony	Unscreened window	vs Back vard		



In what areas of your home will your cat be allowed?						
How many hours a day will your cat be left	alone?	Where will you keep the litter box?				
Nat 11 1 1 6 1 2						
Where will your new cat be when left alone	<u> </u>					
Will your new cat be:	Indoors	Outdoors	Both			
Is this your first pet?	Yes	No				
Do you currently have other pets?	Yes	No				
Do you plan to declaw your new cat?	Yes	No				
Were you ever in a situation where you						
were not able to keep a pet?	Yes	No				
What pets have you previously owned?						
Can you provide a veterinary reference?	Yes	No				
If yes, please provide name and phone number of vet.						
Do we have your permission to contact						
your vet as a reference?	Yes	No				

Many vets now require owner's permission to disclose vet history. If you selected yes, please contact your vet to tell them a representative from Salty Cats will be calling for vet history so that the processing of your application will not be delayed.



Would you like to be added to our		
mailing and e-mail list?	Yes	No
this application will become part of the adoption this animal, including but not limited to proper home checks for up to one year following adoption to be false or the cat appears to be	on record. I a r food and vet otion. If upon e malnurished	e. I understand that if I adopt a pet from Salty Cats, m financially and physically able to provide care for erinarian care. I understand and agree to random inspection we find the information contained in this or failing to thrive in any manner, by signing you sfund of the adoption fee. I understand the adoption
Signature		Date