



Animal Resource Foundation, Inc.

P.O. Box 396

51 Piney Narrows Road

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 (age appropriate)

FELV/FIV Test

Spay or Neuter

For Official Use Only

Adoption Agent: _____ (see last page for comments)

Veterinarian Comments: _____

Animal Control Comments: _____

Approved or Denied: _____

Final Reviews by: _____ Initials _____ Initials (write any comments on back)

Date: _____

Description of Cat/Kitten: _____

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

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: _____ County _____

Home phone #: _____ Work: _____ Cell: _____

E-mail: _____

Animal Resource Foundation, Inc.

How did you hear about us? _____

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?
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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Please list animals you had in the past and what happened to them.

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



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To be considered for adoption, an ARF staff member will ask your veterinarian to release information on your past or present pet's medical care.

To give your veterinarian the permission to release this information, you must sign the statement below.

Date: _____

I, _____ give _____ permission to
Name Veterinarian
release medical information on my past or present pets to Animal Resource Foundation.

If you have any questions please do not hesitate to call.

Signature: _____

Phone #: _____

FOR OFFICE USE ONLY

Adoption Agent _____

Date: _____

Comments:

Adoption Agent _____

Date: _____

Comments:

Adoption Agent _____

Date: _____

Comments:

Adoption Agent _____

Date: _____

Comments:

Adoption Agent _____

Date: _____

Comments:
