



# Cat Adoption Application

Welcome to North Georgia Animal Alliance (NGAA) Adoption Program. Pet ownership is a major responsibility with a life-long commitment to the adopted pet. The questions on this application are not intended as an invasion of privacy; it is information used for NGAA only in determining a good fit between our adoptable pet and the Adoptor. The information is not disseminated to any other individuals, groups or agencies. **NGAA reserves the right to deny a pet adoption for any reason.**

To be considered for pet adoption, you must:

- Be 18 years of age or older.
- Have the knowledge and consent of your landlord (if applicable).
- Have ID showing your age and present address.
- Be willing to spend the time & money necessary to provide medical treatment and proper care of the pet during its life.

Name of the pet you're interested in adopting: \_\_\_\_\_

## ADOPTOR INFORMATION – Please Print Clearly

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ How long have you worked for this employer? \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## CO - ADOPTOR INFORMATION – Please Print Clearly

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ How long have you worked for this employer? \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## ADOPTOR HOUSEHOLD INFORMATION – Please Print Clearly

How long have you lived at your current address? \_\_\_\_\_ Years \_\_\_\_\_ Months Do you:  Own  Rent

If you rent, does your landlord and/or the lease agreement allow pets?  Yes  No  I do not know

Landlord's Name: \_\_\_\_\_ Landlord's Phone #: \_\_\_\_\_

**ADOPTOR HOUSEHOLD INFORMATION (continued)**

Type of building where you live:  house  apartment  condo/townhouse  trailer/mobile home

Are you willing to allow a representative from our rescue group to visit your home by appointment?  Yes  No

Do all members of the household know about and want a new pet?  Yes  No If no, please explain: \_\_\_\_\_

Do any family members have pet allergies?  Yes  No How many hours will the pet be alone during the day? \_\_\_\_\_

What is your family's lifestyle like?  Active/On the Go  Quiet/Relaxed  Entertain frequently  
 Travel frequently  Lots of kids in & out  Very loud/lot of noise

How many children live in the home? \_\_\_\_\_ Children's ages: \_\_\_\_\_

**CAT ADOPTION INFORMATION – Please Print Clearly**

Why do you want to adopt this new pet? (check all that apply below):

family pet  my pet  child's pet  companion for other pet  mouser/barn cat  gift for someone else

Where will you keep/house the new pet after taking it home today? \_\_\_\_\_

Where will this pet live on a regular basis?  Indoor Only  Outdoor Only  Indoor & Outdoor

Will you be the primary caregiver of this new pet?  Yes  No If someone, other than yourself, will be the primary caregiver for this new pet, please provide the full name, relationship and age of the person who will be the primary caregiver: \_\_\_\_\_

Do you have a plan for your pet if you are unexpectedly required to be away for an extended period of time?  Yes  No

Who will take care of the pet when you're away or on vacation? \_\_\_\_\_

If you move, will you take the pet with you?  Yes  No Do you plan to declaw the cat\*?  Yes  No  
 (\*Ask us about plastic nail caps or several other options to prevent your cat from scratching carpet, furniture, etc.)

Cats can live 15 to 20 years - are you willing to commit and be responsible for this pet for its entire lifetime?  Yes  No

Have you ever surrendered a pet to an Animal Shelter/Humane Society/Animal Control?  Yes  No If yes, explain below: \_\_\_\_\_

**PET HISTORY INFORMATION – Please Print Clearly**

How many cats do you currently own? \_\_\_\_\_ How many dogs? \_\_\_\_\_ Other pets (# and Type)? \_\_\_\_\_

**Please list below all pets that you currently own or have owned in the past 10 years.**

Pet's Name	Age	Gender	Type (dog/cat/bird)	Spayed/Neutered?	Owned how long?	Still Own?	If no, reason you no longer own pet?
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**VETERINARIAN INFORMATION**– Please Print Clearly

Where will your new pet receive veterinary care or where do you take you current pets?

Veterinarian's Name: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL REFERENCE INFORMATION**– Please Print Clearly

Please list the name, address and phone number of two personal references:

1) \_\_\_\_\_

2) \_\_\_\_\_

**SIGNATURE**

By signing below, I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for disallowing the adoption of the rescue pet and/or give NGAA the right to reclaim the adopted pet and remove the pet from my home. I authorize the release of veterinarian information related to current and past pets. I am 18 years of age or older. NGAA has the right to refuse any application/adopter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name Clearly: \_\_\_\_\_ Cell # \_\_\_\_\_

**If a NGAA or store staff member (where pets are available for adoption) have any questions or concerns, then NGAA retains the right to reject the application outright or to do additional follow-up and/or home checks prior to adoption. If after an approved adoption, you are unable to keep the pet, for any reason at any time, you must return the pet to NGAA. To return a pet, you must call NGAA at 706-937-2287 and leave a message. A NGAA representative will call to make arrangements to return the pet to the organization. A pet cannot be returned to the store where it was adopted unless you have first called NGAA to make arrangements for the return. All of the pet's medical documentation must be returned with the pet. Refunds are not issued for the return of a pet.**