



**4 Paw Luv**

## **4 Paw Luv Animal Rescue Adoption Application (CAT)**

**Please take the time to read and answer all questions completely.**

**\*4 Paw Luv reserves the right to deny adoption to any applicant, for any reason, at any time in the adoption process. Pet adoption is a privilege and not a right.\***

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Driver's License or State ID# (required to adopt from this agency): \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Name and Address of Current Employer: \_\_\_\_\_

Name(s) of the cat(s) you want to adopt: \_\_\_\_\_

Do you rent or own your home?(circle one)      Own      Rent      Other

Type of property: (circle one):      Apt      Ranch      Multi-Level      Mobile Home      Condo

How long do you plan on remaining at your current residence?

How many children are in your household? Please list their ages:

Do you have any pets at home now? If yes, please list species and ages:

Do you plan on letting this cat go outside? If not, why?

Do you plan on having this cat declawed?      Yes      No

**\*BE ADVISED: Declawing is expensive, painful for the animal, and has the potential to drastically change the temperament of a cat.**

Has any person in your household EVER had an allergic reaction to cats?

Have you EVER had to relinquish a pet to this shelter or any other animal shelter? If you have, please explain the circumstances.

Do you intend on keeping this animal as a member of your family for its ENTIRE lifespan?

How long is the average life span of a domestic cat?

How much money do you intend to spend yearly on vet bills for this pet? \$\_\_\_\_\_ per year

Do you intend to have this cat re-vaccinated annually against diseases by a vet?

Do you agree to seek medical attention for this animal should it ever become injured or ill?

\* A vet reference is required to adopt from this agency. Please give the contact information of your current veterinarian, or (for 1<sup>st</sup> time pet owners) of the vet you intend to use. Your application is considered incomplete without the information and will not be processed.

Clinic Name:

Vet Name:

Location:

Phone #:

**\*\*PLEASE NOTE:** Pet ownership is a lifetime commitment. However, should an unforeseen circumstance EVER arise in which you are no longer able to keep the animal, be advised it is the policy of 4 PAW LUV that any animal adopted be returned ONLY to this shelter. There are NO exceptions to this policy and violators will be subject to legal action from 4 PAW LUV's attorneys. By signing below, you are agreeing to these terms. Signatures are required at time of the adoption appointment.

I certify the statements I have made on this adoption application are true and correct to the best of my knowledge.

X \_\_\_\_\_

As of July 2009, it is the LAW in Illinois that every pet adopted from an animal shelter, rescue, or breeder MUST be micro-chipped within 30 days of its adoption date. By signing below, you are agreeing to have your pet micro-chipped within the aforementioned time period. Violators will be reported to the IL Dept of Agriculture.

X \_\_\_\_\_

I understand adoption fees are 100% non-refundable.

X \_\_\_\_\_

I understand that 4 PAW LUV cannot, and does not, guarantee the health or temperament of any animal adopted or for adoption.

X \_\_\_\_\_