

Thompson River Animal Care Shelter

P.O. Box 1589 Thompson Falls, MT 59873 (406) 827-TRACS

Cat Adoption Application

Thank you for considering adoption of a shelter animal. Before you continue with adoption, please consider how a pet will fit into your lifestyle now and in 5-10 years or the lifetime of that animal. Adoption is for life!! And, if you have any of the following life events planned or considered (moving, changing jobs, having children, extensive traveling, and etc), this may impact your decision.

Please note that although adoption applications are considered in the order they are received, the pet is not automatically approved to the first request. We try to match pets and people to find the placement that works best for everyone. Additionally, we keep a list of people looking for certain types/breeds of animals and may call them before considering new requests for a particular animal. All persons living in the household should be involved in choosing a pet. The primary caretaker must approve the selection.

Good luck with your potential adoption!!

Cat's Name (being considered) _____ Date _____

Your Name: _____

Co-Applicant's Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Home #: _____ Work #: _____ Cell #: _____

Length of time at this address: _____ House Townhouse Apartment

Do you own your home? _____ Rent? _____ Live with parents? _____

If renting, name & phone # of landlord _____

May we contact your land lord to ensure permission to have this pet live with you? _____

Do you have a fenced yard (usually suggested)? _____ Fence height? _____

Type of fencing? _____ Is there a gate? _____ Is it secure? _____

Why do you want this cat?

Companion Companion for other pet Mouser Other?

Please specify _____

What breed is your most desired breed? _____ Size? _____

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What are **DESIRED QUALITIES** in a cat?:

- Good with kids (now or in the future) Good with dogs. Good with cats. Litter box trained
 Independent lap sitting
Other _____

What kinds of cat behavior do you find undesirable?

How would you deal with these issues?

If not litterbox trained, how would you handle this?

What kinds of exercise/activities do you want to do with this cat? _____

PLEASE TELL US ABOUT YOUR HOUSEHOLD:

Cat Experience: first time owner have had one or two knowledgeable & experienced

Home Atmosphere: busy/grand central station some activity calm, low-key

What will happen to the cat if you have to move?

Is anyone in your household allergic to pets? _____

How will you deal with this allergy? _____

Have you ever applied for or adopted an animal from a shelter? Yes _____ No _____

If yes, when? _____ What was the outcome? _____

What pets do you currently have? And what are their ages? Are they neutered or spayed?

- | | | |
|----------|-------|-------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |

Have you ever turned a pet into a shelter? _____ Why? _____

Have you ever had a pet euthanized? _____ Why? _____

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Is anyone home during the day? _____ If yes, who? _____

How many adults live in your home? _____ Children? _____ Ages of children? _____

Where will the cat be kept? _____

During the day? _____

At night? _____

When you're not home? _____

When you're on vacation? _____

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

Will the cat ever be caged and for how long? _____

Will the cat be kept in the garage or shed and how long? _____

What veterinarian/veterinary hospital sees your pets? _____

May we contact them? _____ Phone number (if known) _____

Are your pets vaccinated? _____

How much are you willing to spend on medical bills for you pet per month? _____

What will you do if the vet bills go over this amount? _____

ARE YOU WILLING TO TAKE RESPONSIBILITY for this CAT for the next 10-15 Years? _____

What provisions will you make for the Cat should you become unable to care for it? _____

I certify that all the information in this application is true, and I understand that false information may void this application. I understand that TRACS reserves the right to decline any adoption request.

Signature _____ Date _____

Co applicant's signature _____ Date _____