Save the Kitties Adoption Application

Name:_____Date:_____

Phone: _____Email:_____

Address: _____

Is there a specific cat/kitten you are interested in adopting? Yes____No____

If no, which types of cats/kittens are you interested in meeting? Please mark an X by all that apply
Kittens____ Adolescents____ Adults____ Seniors____ Males____ Females____
Special Needs____ Other (specify)_____

If we do not currently have a cat/kitten that we/you feel would be the perfect fit for you and your family, would you like us to notify you when we have one that cones in that we think would be the perfect fit? Yes____No____

If you are wanting a cat with specific features, special needs, specific coat types etc., that we do not currently have, please circle below the features you would be interested in. We will do our best to notify you when we have a cat(s) that fit the description.

Personality	**Coat Type**	**Color of Coat**	**Special Needs**	**Preferred Sex**
Independent	Short hair	Tabby	Declawed	Male
Cuddler	Medium hair	Black	Blind	Female
Playful	Long hair	Orange	Deaf	
Calm		White	Bonded pair	
Active		Gray	FIV/Leuk (+/-)	
		Tortoiseshell	Other	
		Calico		
		Siamese		
		Snowshoe		

The cat/kitten you wish to adopt must get along with (place an X next to what is applicable)

Dogs____ Cats____ Kids___ Other (specify)_____

Do you have any current pets in the household if so, list below

Species	**Breed**	**Age**	**Up to date on vaccinations**	**Spayed or Neutered**

Please list any medications or monthly products your animals receive (flea treatment, heartworm prevention, insulin etc.)_____

Primary Vet Clinic_____Phone:_____
DVM_____

Is this cat/kitten a surprise of gift for someone? Yes___ No ___ If yes please explain _____

Have you adopted cats or kittens before? Yes___ No ____ From Save the Kitties? Yes____ No____

If yes from where did you adopt? _____

Do you still have the cat or cats? Yes____ No____

If no where are the cat or cats? _____

If you had to rehome your adopted cat/kitten, did you notify the agency that you had to rehome? Yes___ No____

Have you ever had a cat/kitten declawed after adoption? Yes____ No____

Do you plan to get your cat/kitten declawed after adoption? Yes____ (speak to staff) No____

Do you own or rent your home? Own____ Rent____ If rent are you allowed pets? Yes___No____

If you rent, please list your landlord/complex's name and phone number:

_____

Please list two personal references.

Name:_____Phone:_____

Relationship:_____Known for:_____

Name:_____Phone:_____

Relationship:_____Known for:_____

For Office Only

Save the Kitties Volunteer:_____

Name of Cat Adopted:_____

Fee Collected: $_____

References checked: YES / NO DNA listed checked: YES / NO

If any kittens/cats adopted from Save the Kitties cannot be kept by the adopter for any reason, per the Adoption Contract, they MUST be returned to Save the Kitties at 233 S. Georgie, Derby, KS 67037.

Save the Kitties Adoption Contract

Please initial each clause

_____I agree to provide adequate food, water, shelter, and veterinary care to any and all cats or kittens I adopt from Save the Kitties.

_____I acknowledge that the adoption fee is non-refundable and will be paid before or on the day of the adoption meeting. I am also aware that any cat adopted from Save the Kitties does not have a health guarantee. All cats are seen by the vet and have a health check before being eligible for adoption, so any medical conditions unknown at the time of adoption will not financially fall on Save the Kitties. In the even the cat I adopt has a preventable disease or condition at the time of adoption and is NOT given medications for said issue, Save the Kitties must be notified within four days of adoption and the cat may be returned to the rescue for the rescue's care OR Save the Kitties can provide a one-time medication or the cost of the medication up to $30 necessary to treat the cat.

_____I understand that by signing this contract, I will not allow the declawing of a cat that I adopted from Save the Kitties. Declawing of cats, or onychectomy, is the amputation of the last digital bone, including the nail bed and claw on each front toe. If the surgery is performed correctly and the entire nail bed is removed, the claw cannot regrow. The surgery involves the risk of anesthesia, excessive bleeding, and postoperative complications, including infection, and is accompanied by pain that may last from several days to much longer unless appropriate pain control is provided. Cats' claws are a vital part of their arsenal for both offense and defense. They use them to capture prey and to settle disputes with or escape from other animals or people who are harming or threatening them.

____I understand that by signing this contract, I will become the sole owner of this cat and will take on the full financial and physical responsibility. If I can no longer care for the cat or I am not able to afford the medical treatment necessary, I will relinquish my rights of the cat back to Save the Kitties BH4LP, and will not be allowed custody of the cat after the cat is healthy, unless by unanimous vote of the Save the Kitties Board of Directors. The adoption fee will not be reimbursed and I will not get any compensation for the cat. I will not give the cat to a relative, or friend, or rehome the cat before contacting Save the Kitties.

By signing this agreement, I am also acknowledging that Save the Kitties is NOT responsible for any injuries caused by any cats I adopt-to me, my family, or any persons who enter my home or property for any reason.

Print Full Name: _____

Signature:_____Date:_____