



# Stover Animal Rescue

PO Box 332, 709 W. 4<sup>th</sup> St., Stover, Missouri 65078 573-377-4355  
stoveranimalrescue@gmail.com

I am interested in \_\_\_\_\_  
(Cat's Name)

## APPLICATION FOR CAT ADOPTION

(please note: an application does NOT guarantee adoption – please complete carefully and honestly. *Thank you!*)

### Contact Information

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

Full name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Best phone to use and time to call: \_\_\_\_\_

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

How long at this address? \_\_\_\_\_ Own? \_\_\_\_ Rent? \_\_\_\_ If you rent, please give the rules governing pets and your landlord's name and number: \_\_\_\_\_

**(by providing this information you are allowing Stover Animal Rescue to contact your landlord - please inform them of this call, so they will speak with us)**

Is this adoption for: \_\_\_ companion for adult \_\_\_ companion for child \_\_\_ companion for pet \_\_\_ gift \_\_\_ replace lost/deceased cat

### Family & Housing

How many adults are there in your family (and their relationship to you)? \_\_\_\_\_

How many children (ages)? \_\_\_\_\_

What type of home do you live in single family, town home, apartment, farm, etc.? \_\_\_\_\_

Is your household: \_\_\_ Active \_\_\_ Noisy \_\_\_ Quiet Does anyone have allergies/asthma? \_\_\_\_\_

Is everyone in agreement to adopt a cat? \_\_\_\_\_ Do you have time to provide adequate love and attention? \_\_\_\_\_

Explain \_\_\_\_\_

### Other Pets

What other pets do you have (specify type and number)? \_\_\_\_\_

Are these pets up to date on vaccines? \_\_\_\_\_ Are these pets spayed/neutered? \_\_\_\_\_

If not, why? \_\_\_\_\_

Have you ever surrendered a pet? If so, why? \_\_\_\_\_

Have you ever had a pet euthanized? If so, why? \_\_\_\_\_

Have you ever lost a pet to an accident? If so, how? \_\_\_\_\_

How do you discipline your pets and why? \_\_\_\_\_

**Veterinarian**

Do you have a regular veterinarian?  Yes  No Would this be your first pet?  Yes  No

Veterinarian's name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

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

Clinic Phone: \_\_\_\_\_

(by providing Stover Animal Rescue with this information, you are allowing us to contact your vet. **Please call your vet and ask them to authorize the release of information to Stover Animal Rescue.**)

**About the Cat You Wish to Adopt** If you are interested in a specific cat, who? \_\_\_\_\_

What is your idea of an ideal cat and why? \_\_\_\_\_

Desired age: \_\_\_\_\_ Desired size: \_\_\_\_\_ Desired breed: \_\_\_\_\_

Desired sex:  Female  Male  either Any breed you would **not** adopt: \_\_\_\_\_

**(By law, animals adopted from a shelter/rescue must be surgically altered)**

I am willing to adopt:  an outgoing/hyper cat  a shy cat  a cat that needs regular medication  a vocal cat  
 a cat that needs training  a cat that needs grooming  an older cat  none of these

Where will the cat spend the day? (*describe*) \_\_\_\_\_

Where will the cat spend the night? (*describe*) \_\_\_\_\_

Number of hours (average) the cat will spend alone? \_\_\_\_\_ Who will be responsible for this cat's daily care? \_\_\_\_\_

Who will have financial responsibility for this cat? \_\_\_\_\_

Will you provide regular health care by a licensed Veterinarian?  Yes  No

Will you keep the cat as an indoor member of the family?  Yes  No

If the cat goes outside, how do you plan to supervise it/keep it safe? \_\_\_\_\_

Do you agree to contact Stover Animal Rescue if you can no longer keep this cat?  Yes  No

Are you willing to let a representative of Stover Animal Rescue visit your home by appointment?  Yes  No

How did you hear about Stover Animal Rescue? \_\_\_\_\_

Would you be interested in fostering?  Yes  No  I would like to know more

**Personal References** Please list two people who are familiar with both you and your pets.

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

Phone: \_\_\_\_\_ Relationship  relative  neighbor  friend  other \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship  relative  neighbor  friend  other \_\_\_\_\_

**All of the information I have given is true and complete. This cat will reside in my home as a pet. I will provide it with quality cat food, plenty of fresh water, indoor shelter and clean litter box, exercise, affection, an annual physical examination, any needed medical care, and vaccinations under the supervision of a licensed veterinarian.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)