

ESFOA FELINE PRELIMINARY APPLICATION

TO BE COMPLETED BY ESFOA: Animal's Name: _____

ESFOA ID # _____ Breed: _____ Gender: F / M Age/DOB: _____

Foster Parent Name/Phone: _____

BEGIN APPLICATION HERE:

Date _____ Name of cat/kitten you are interested in adopting: _____

Name of Adopter: _____

Address: _____ City, State, Zip: _____

Home Phone: () _____ E-mail Address: _____

Cell Phone: () _____ Alternate Phone: () _____

Is applicant 21 years old or older AND homeowner/leaseholder at above residence? YES NO

Is the property: OWNED RENTED Is the property: RURAL/COUNTRY WITHIN CITY LIMITS

How long have you lived at above residence? _____

Have you ever adopted or applied to adopt from the shelter or another rescue group before? YES NO

Have you ever relinquished an animal (canine or feline) to an animal shelter or individual? YES NO

Have you or has anyone in your family ever been convicted of animal abuse, neglect, or cruelty? YES NO

What pets have you owned in the past that you **no longer own** AND what happened to them?
(include name, sex, breed, length of ownership, and age at time of death or at time animal was no longer owned)

Were they spayed/neutered? YES NO

Were the dogs kept on year round heartworm prevention? N/A YES NO

What pets do you own now? (Include name, age, sex, and breed)

Are they spayed/neutered? YES NO

When was the last time your animal(s) were vaccinated? _____

Are the dogs kept current on year round heartworm prevention? N/A YES NO

Are your current animals primarily inside or outside? INSIDE OUTSIDE BOTH

Regardless of ownership, are there any animals other than those listed above living in the home at this time? YES NO

What is the name and phone number of your vet? _____

May we contact the above veterinarian? YES NO

Whose name will the ownership records be under at the above veterinarian? _____

Is this the vet you plan to use for the adopted animals care? YES NO

Will you take this animal to the vet within 10 days of adoption for a wellness exam and to establish a record? YES NO

Do you understand the time commitment required to own an animal? YES NO

Are you willing to give the animal at least 6 months to adjust to you, your family, and the new home? YES NO

Are you looking for an inside or outside cat? INSIDE OUTSIDE BOTH

Why? _____

On the average day, how many hours are you away from the home? _____ Do you have a dog door? YES NO

Where will the cat/kitten be allowed:

During transition period (first week)? _____

When you are away for short periods of time? (1-4 hours) _____

When you are away for long periods of time? (4-8 hours) _____

When you are home? _____

At Night? _____

Who will be the primary caregiver? _____

Have all household members agreed to the adoption? YES NO

Please list all household members by name and include age if under 18: _____

Do the children like animals? YES NO N/A Are any of the children afraid of animals? YES NO N/A

What is the purpose of getting a pet? _____

For how many years will you keep the pet? _____

For what prime reasons would you give up or get rid of this animal? _____

Is this adoption a gift for someone other than yourself? YES NO

Will the cat live at residence noted on front? YES NO

For how long have you been considering adoption? _____

If you move, are you willing to take the animal with you? YES NO

Is anyone in your household allergic cats? UNKNOWN YES NO

How much do you expect to spend annually not including expenses that may be incurred due to illness or injury? _____

Are you aware that the first few weeks, the cost could be over \$200 for vet care, food, supplies, license, etc? YES NO

Do you understand that while no animal would be adopted without disclosure of a known medical condition, that all vet & other expenses incurred after placement and throughout the lifetime of the animal remain your responsibility? YES NO

Would you be willing to accommodate a home visit prior to adoption? YES NO

Do you travel frequently for work or pleasure? YES NO

Have you ever litter box trained a cat? YES NO

Do you have time to litter box train a cat? YES NO

Where do you intend to place the litter box? _____

How often do you intend to scoop the litter box? _____

Are you interested in a de-clawed cat? YES NO

Are you planning to de-claw this cat, if not already done? YES NO

Why? _____

Are your current cats de-clawed? YES NO N/A Were your previous cats de-clawed? YES NO N/A

Have you ever scratch-post trained a cat? YES NO Do you know how to trim a cat's claws? YES NO

Do you agree to provide annual vet visits to ensure health and additional vet visits as needed for illness or injury? YES NO

What is it about this particular animal that interests you? _____

What is your experience with this breed/size? _____

What concerns do you have about bringing in a new kitten/cat? _____

Do you anticipate any major lifestyle changes in the next year? (moving, adding to your family, marriage/divorce, etc.)

Please use this space to detail any additional information about your family/situation that you think we should know:

Where did you hear about us? _____

If I can no longer keep this animal, for any reason, I understand that I am required by the contractual agreement to return the animal to ESFOA. Do you agree to this statement? YES NO

By signing this preliminary application, I attest that all the questions were answered truthfully to the best of my knowledge. If ESFOA finds any discrepancies at any time, this could result in the animal's retrieval. I hereby acknowledge that the questions and responses in this preliminary application are fully incorporated as set forth within the Adoption Agreement and are a part of the contractual agreement I am voluntarily entering into with ESFOA.

Signature _____ Date _____

I would like additional information regarding (check all that apply):

- Litter box placement and maintenance Litter box training Trimming nails
- Scratch-post training Annual vaccinations Finding a veterinarian
- Integrating adopted animal into a home with
- Cats Dogs Children Other animals _____
- Other

TO BE COMPLETED BY ESFOA:

DRIVER'S LICENSED CHECKED YES NO DL# _____ State _____

LANDLORD/FAMILY CHECKED YES NO

VET CHECKED YES NO

FOSTER/LIASON CHECKED YES NO

This screening form has been:

APPROVED by _____ and _____

DENIED by _____ and _____

Reason denied: _____

Board member approval for unaltered animals: _____

Second approval for: Children Under Age 5 _____

Screeener's Notes:
