

	<b>203-266-6000</b> <b>thesimonfoundation.org</b>	<b>120 Rescue Lane</b> <b>Bloomfield, CT 06002-1315</b>
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### Application to Adopt a CAT

<b>Name:</b>		<b>Date:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Email Address:</b>		
<b>Home Address:</b>		<b>Apt. #</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

<b>Name of cat you would like to adopt:</b>	
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<b>What is your occupation?</b>		<b>Spouse/Partner's Occupation:</b>	
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<b>Do you live with:</b>	<input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> Roommate	<input type="checkbox"/> Parents	<input type="checkbox"/> Alone
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<b>What are your current living arrangements?</b>	<input type="checkbox"/> House	<input type="checkbox"/> Apt	<input type="checkbox"/> Condo	<input type="checkbox"/> Trailer
<b>How long have you lived at this address?</b>		<b>How long do you plan to live at this address?</b>		

<b>Do you rent or own?</b>	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<i>If you live in a condo, condo documents stating that pets are allowed must be shown.</i>
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<b>If you rent, does your lease allow pets?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>A copy of your lease agreement or written approval from your landlord is required.</i>
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<b>Please provide contact information for your landlord:</b>			
<b>Name:</b>		<b>Phone:</b>	
<b>Address:</b>		<b>Apt. #</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	

<b>In what type of setting is your home located?</b>	<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	<input type="checkbox"/> Rural
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<b>Type of Residence:</b>	<input type="checkbox"/> House	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Condo	<input type="checkbox"/> Apartment	<input type="checkbox"/> Other
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Name of veterinarian you will use for this cat:			
Address:		Phone:	
City:	State:	Zip:	

Do you currently own any other pets or are there any other pets living in your home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Name of pet:	Type of Animal/Breed:	Age:	Gender:	Altered?	Declawed?
1.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

How were these pets acquired?					
1.					
2.					
3.					
4.					

Vaccine status and expiration date for each pet living in the home.					
1.					
2.					
3.					
4.					

If you currently own a cat, how does it get along with other cats?	
If you currently own a dog, how does it get along with cats?	

What veterinarian are you currently using for these pets?			
Name:		Phone:	
Address:	City:	State:	Zip:
Whose name is listed on the veterinary records?			

Other than your current pets, have you owned any other animals?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If YES, please fill out all of the information below for each pet:
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Breed:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Altered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Weight:		Numbers of years you had pet:		How was pet acquired?	
Cause of death:				At what age did pet die?	
<input type="checkbox"/> Gave pet to friends, relatives, or acquaintances			<input type="checkbox"/> Sold pet to friends, relatives, or acquaintances		
<input type="checkbox"/> Was hit by a car		<input type="checkbox"/> Was stolen		<input type="checkbox"/> Disappeared/Lost	
Please specify what happened:					

Breed:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Altered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Weight:		Numbers of years you had pet:		How was pet acquired?	
Cause of death:				At what age did pet die?	
<input type="checkbox"/> Gave pet to friends, relatives, or acquaintances			<input type="checkbox"/> Sold pet to friends, relatives, or acquaintances		
<input type="checkbox"/> Was hit by a car		<input type="checkbox"/> Was stolen		<input type="checkbox"/> Disappeared/Lost	
Please specify what happened:					

How many ADULTS live in your home?		Ages:	
How many CHILDREN live in your home?		Ages:	

Does anyone in your house have allergies to animals?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does anyone in your house have asthma?	<input type="checkbox"/> YES <input type="checkbox"/> NO

What is the noise/activity level of your household?	<input type="checkbox"/> Quiet <input type="checkbox"/> Moderate <input type="checkbox"/> Active <input type="checkbox"/> Very Active
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Who will be responsible for taking care of the cat?	
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What is your experience with cats?	<input type="checkbox"/> First Time Owner	<input type="checkbox"/> Had cats growing up
	<input type="checkbox"/> Have owned one or two cats	<input type="checkbox"/> Experienced cat owner
If you have children, please describe their experience with cats:		

Do children visit your home often?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, what are their ages?	
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Is anyone home during the day?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, who?	
If NO, how many hours a day will the animal be left alone?	

How often do you travel?		Who will care for your cat while you are away?	
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Why are you adopting a cat?	
Who is the cat for?	
Where will the cat be kept during the day?	
Where will the cat be kept at night?	
Where will the cat sleep?	
Will the cat be allowed outdoors? If YES, under what circumstances?	

Do you plan on declawing your cat? If YES, why?	
Please describe the declawing procedure.	

Are you now or have you ever experienced behavior or training problems with a pet?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, please explain the issues and how they were resolved:	

What will you do if your cat is destructive?

What is your definition of disciplining a cat? (Please provide examples)

Have you ever surrendered a pet or had a pet for a short-time that didn't work out?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, please explain the circumstances:	

If for any reason you cannot keep a Simon Foundation adopted cat, do you agree to return it to The Simon Foundation, Inc.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you willing to have an initial in-home visit or follow-up visit by a representative of The Simon Foundation, Inc. if The Simon Foundation, Inc. deems it necessary?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you willing and able to accept full and immediate responsibility for the ownership of a cat, including all health care costs and necessary burdens and responsibilities of owning a cat?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you willing to seek and begin immediate training if behavioral issues arise within days of taking ownership of the cat?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If NO, why not?		

How did you hear about The Simon Foundation, Inc.?

## CAT Adoption Agreement

Adoption fees are as follows:		
<b>Cats: \$100.00</b>	<b>Kittens: \$125.00</b>	<b>Senior Cats (10 &amp; older): \$75.00</b>
Adoption fees include micro-chip, spay/neuter surgery, age-appropriate routine vaccinations, de-worming medication, heartworm testing and preventative treatment, and flea/tick preventative treatment for all animals.		

**PLEASE NOTE:** The Simon Foundation, Inc. reserves the right to approve or deny any application according to our adoption policies, and in our best effort to find good homes for the long-term well being of our animals.

I hereby affirm that I am at least 21 years of age, and have answered the above questions completely and truthfully. I give my permission for The Simon Foundation, Inc. to contact the landlord, veterinary and personal references I have provided, and I give permission for these references to release any information they deem relevant to the adopt of an animal from The Simon Foundation, Inc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**References:** Please list two (2) references who are not family members.

1.

<b>Name:</b>
<b>Home Phone:</b>
<b>Work Phone:</b>
<b>Cell Phone:</b>
<b>Relationship:</b>

2.

<b>Name:</b>
<b>Home Phone:</b>
<b>Work Phone:</b>
<b>Cell Phone:</b>
<b>Relationship:</b>

**Please provide a veterinary reference:**

<b>Name:</b>	<b>Phone:</b>
<b>Address:</b>	
<b>City:</b>	<b>State:</b>
	<b>Zip:</b>