

Cat Application

1823 Magazine Street • New Orleans, Louisiana 70130 tel: 504-671-8235 • fax: 504-671-8238 www.southernanimalfoundation.org

Please complete this application completely so that we can match you with the right cat. This form and an interview with an adoption counselor will help us find the cat most compatible with your lifestyle. Fill out the application in its entirety. Incomplete applications will not be considered.

IN ORDER TO BE CONSIDERED AS AN ADOPTER YOU MUST:

- Be at least 21 years of age
- Have identification showing your present address
- Have the knowledge and consent of your landlord
- Be able to willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.

Name:	Г	Date:			
Street Address:					
City:	S	State:			
Zip Code:	Γ	Date of Birth:			
Phone Number:	C	Cell Number:			
Email:					
Work Phone:					
Occupation:					
Pet History					
Describe in detail the type of cat you are looking for.					
Will this be your first cat?		☐ Yes	□ No	☐ Not Sure	
Why do you want a new cat?	12.00				
☐ Companion ☐ Your Pet's Companion ☐ House Pet ☐ Other (list)					
What kind of pets have you had in the past?					
What happened to pets that you no longer have?					
List all the pets you currently have. (include age, sex, breed)					
Species	Last veterinarian visit	•	sex	breed	
Ореско	Last votonnanan visit	age	307	bicca	
Have they been spayed or neutered?		☐ Yes	□ No	□ Not Sure	
Are your pets current on vaccinations?		☐ Yes	□ No	□ Not Sure	

If you have a cat now, is he/she declawed?					
How will your current pets react and adjust to a new cat	in the house	hold?			
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Have you ever turned your cat over to a shelter?	☐ Yes	□No	☐ Not Sure		
If yes, please explain.					
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Will you have your cat declawed?	☐ Yes	□No	☐ Not Sure		
Have you ever had a pet euthanized?	☐ Yes	□ No	LI NOT GUIC		
If yes, please explain.	L 163				
ii yes, piease expiairi.					
Your Household					
	I I lave manage	مه:اطعم			
How many adults are in your family?	How many	children?			
<u> </u>					
If you have children, what are their ages?					
	T				
Are any of your family members allergic to cats?	☐ Yes	□ No			
Is there someone home during the day?	☐ Yes	□ No	□ Not Sure		
	If yes, who	m?			
How many hours will your cat be without human compar	nionship?				
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Which do you live in?					
☐ House ☐ Apartment ☐ Condo ☐ Other					
1 Troubb 1 Triparament 1 Condo 1 Canor					
If other, please explain.					
Do you rent or own your home?	I				
If you are a renter, a SAF counselor will call your landlord for	□ Rent	□ Own			
approval.	L IXent	L OWII			
Landlord's name:	Phone nun	abor:			
Landiord's flame.	Priorie riuri	ibei.			
D-1 O-11					
Pet Care	T				
Will your cat be indoor or outdoor?	☐ Indoor	☐ Outdoor			
Daytime:	☐ Indoor	□ Outdoor			
Evening:	☐ Indoor	□ Outdoor			
If your cat is not litter trained, what method will you use	to train it?				
Will your cat be kept up to date on annual	☐ Yes	□ No			
vaccinations?					
Who is your current veterinarian?	Tel. Numb	er:			
Name:					
name.					
How much are you willing to spend on medical bills for y	/our cat?				
Tiow much are you willing to spend on medical bills for y	our cat:				
Jun to \$100 Jun to \$500 Jun to \$1,000 Jun to	\$ 6 000 =	whatever it tal	kos		
up to \$100 up to \$500 up to \$1,000 up to \$5,000 whatever it takes					
What would you do if the veterinary bills exceed your pre-set limit?					
Marian and a second a second and a second an					
If you go on vacation, who will take care of your cat(s)?					
					
If you had to move tomorrow, what would you do with your cat(s)?					
Completion of this application does not guarantee adopt	ion of a South	nern Animal Fou	ındation cat.		