

Cat's Name: _____ Cat's #: _____ SPCA Tag #: _____
 Breed: _____ Sex: _____ Age: _____ Other: _____

Waiting List

The SPCA of Anne Arundel County
Adoption Application for a Cat/Kitten
 (Applicants must be 18 or older)



Applicant's Name		Age	Home phone	
Co-Applicant's Name		Age	Home phone	
Applicant's cell phone (optional)		Co-Applicant's cell phone (optional)		
Applicant's email		Co-Applicant's email		
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Roommate <input type="checkbox"/> Significant other <input type="checkbox"/> Other _____				
Address		City	State	Zip
County <input type="checkbox"/> Anne Arundel <input type="checkbox"/> Other _____		Mailing address (if different from above):		
Are you moving/being deployed soon? Yes No	If yes, when?	If you had to move what would you do with this cat?	How long have you lived at your current address?	
If you have lived at your current address less than 1 year, please list your Previous Address		City	State	Zip
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with relatives		If with relatives, who is the homeowner?		
Do you live in a: <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile home <input type="checkbox"/> Boat				
Landlord/Complex name		Phone number	Best time to call?	
Applicant's Employer	Work phone	Co-Applicant's Employer	Work phone	
If unemployed, please list your source of income and monthly amount:				
How many adults live in the household?		How many children live in the household? (please include children's ages)		
Ages of other children who will frequently come in contact with the adopted pet (grandchildren, neighbors, etc.).				
Please list the adults residing in the household (other than applicant and co-applicant) and their relationship to you.				
1. _____	Relationship: _____			
2. _____	Relationship: _____			
3. _____	Relationship: _____			
4. _____	Relationship: _____			
5. _____	Relationship: _____			

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Staff name: _____
 Date Received: _____

Do any of the above adults have animals living in or frequently visiting the home? Yes No	If yes, please elaborate:
Does any member of your household suffer from allergies or asthma related to animals? Yes No	If yes, who and to what kind of animals?
Why do you wish to adopt this cat? (check all that apply) <input type="checkbox"/> Companion <input type="checkbox"/> Gift <input type="checkbox"/> To breed <input type="checkbox"/> For my other pet <input type="checkbox"/> Mouser <input type="checkbox"/> For child <input type="checkbox"/> Other: _____	
Who are you adopting this cat for? <input type="checkbox"/> Yourself <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Pet <input type="checkbox"/> Child <input type="checkbox"/> Significant other <input type="checkbox"/> Other _____	How much money do you expect to spend on this pet each year? <input type="checkbox"/> \$50 - \$100 <input type="checkbox"/> \$100 - \$200 <input type="checkbox"/> \$300 - \$400 <input type="checkbox"/> \$400 - \$500 <input type="checkbox"/> \$600-900 <input type="checkbox"/> \$1,000+
Is anyone home during the day? Yes No	If yes, who?
On average, how many hours per day would this animal be alone? <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10 <input type="checkbox"/> 10-11 <input type="checkbox"/> 12+	Who will be responsible for the primary care of this animal?
This cat will be: <input type="checkbox"/> Indoors only <input type="checkbox"/> In/Out <input type="checkbox"/> Outdoors only <input type="checkbox"/> Don't know yet	
Are you willing to take responsibility for this cat for the next 10-15 years? Yes No	If No, why not?
Cat experience <input type="checkbox"/> First time cat owner <input type="checkbox"/> Have had one or two cats <input type="checkbox"/> Had family cat when growing up <input type="checkbox"/> Knowledgeable and experienced	The last time I owned a cat was: <input type="checkbox"/> I own a cat now <input type="checkbox"/> Within the last year <input type="checkbox"/> 2-4 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> More than 10 years ago
What attracted you to this cat?	
How would you describe the activity level of your household? (check all that apply) <input type="checkbox"/> High, always on the go <input type="checkbox"/> Low, relaxing <input type="checkbox"/> Normal, go to work, then come home <input type="checkbox"/> Active, sports and outdoor activities <input type="checkbox"/> Other: _____	
Anne Arundel County requires that all animals adopted from a shelter be spayed or neutered. How do you feel about this?	
What do you consider a good/valid reason for <u>you</u> to give up this cat?	
Do you plan on declawing this cat or kitten? Yes No Maybe	If Yes or Maybe, why?
What do you plan on doing with this animal while you are on vacation?	
What do you think are the most important responsibilities of owning a cat?	
What preventative measures will you take to keep this cat from getting lost?	If this cat does get lost, what will you do to find this animal?

Have you ever adopted an animal from <u>any</u> shelter in the past? Yes No	If yes, when?
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Have you ever brought an animal, other than a stray, to The SPCA of Anne Arundel County or any other shelter in the past? Yes No	If yes, please explain (be specific as to when, which shelter, and why)
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Please list the pets you currently own, any other pets in the home, and any pets you have owned within the past 10 years.

Pet's name	Type of animal	Sex	Spayed or neutered	Age	Kept indoors or outdoors	Where is it now?
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	
		M F	Yes No		In Out Both	

Current Veterinary Hospital name	Veterinary Hospital phone
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Name records are listed under	Pet's names
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Previous Veterinary Hospital name (if needed)	Veterinary Hospital phone
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Name records are listed under	Pet's names
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Are your current pets up-to-date on vaccines? Yes No

What brought you to The SPCA of Anne Arundel County?

<input type="checkbox"/> Our website	<input type="checkbox"/> The Capital Newspaper	<input type="checkbox"/> SPCA Event/Mobile Unit
<input type="checkbox"/> The Pennysaver	<input type="checkbox"/> Driving by	<input type="checkbox"/> The radio (WRNR 103.1 FM)
<input type="checkbox"/> Comcast on demand	<input type="checkbox"/> Petfinder.com	<input type="checkbox"/> Rescue referred me, which one? _____
<input type="checkbox"/> My veterinarian referred me, which one? _____	<input type="checkbox"/> Word of mouth, who? _____	
<input type="checkbox"/> Another shelter referred me, which one? _____	<input type="checkbox"/> Other: _____	

Unanswered questions, incomplete answers, illegible answers, or false information will cause this application to be rejected. **The SPCA of Anne Arundel County, Inc. reserves the right to decline adoption applications.**

I/We give permission for The SPCA of Anne Arundel County, Inc. and/or the SPCA's authorized agents to verify the information, including the release of medical information pertaining to my pet(s) from the veterinarian(s) provided in the application. I/We certify that the aforementioned information is true and correct to the best of my/our knowledge.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____