Adoption Application

Andrew's Paws for Hope, Inc.

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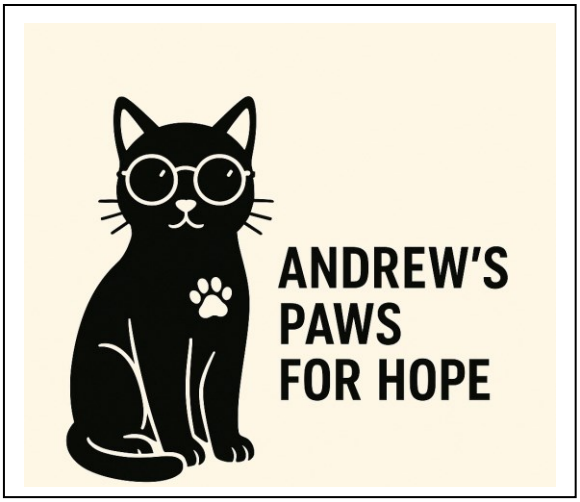

Adoption Application

Please complete all sections. This application ensures that every cat is placed in a safe, stable, and lifelong home.

Applicant Information

Full Name: _____

Home Phone: (____) _____ - _____

Email: _____

Are you employed? ☐ Yes ☐ No

Employer Name: _____

May we contact your employer? ☐ Yes ☐ No

How many hours will the cat be left alone during the day?

_____

Household Information

List ALL residents of the household (include ages):

Do you have small children in the home? ☐ Yes ☐ No

If yes, number and ages:

_____

Does any household member have allergies to animals? ☐ Yes ☐ No

If yes, explain:

_____

Has any household member or guest ever acted aggressively or harmed an animal? ☐ Yes ☐ No

If yes, explain:

_____

Residence Information

Where do you live? ☐ Apartment ☐ Condo ☐ Farm ☐ Mobile Home ☐ House

Do you own or rent your residence? ☐ Own ☐ Rent

If renting, are pets allowed? ☐ Yes ☐ No

Landlord/Property Owner Name:_____

Landlord/Property Owner Phone: (_____) _____ - _____

If renting, we must speak directly with the property owner to verify approval.

Fenced yard? ☐ Yes ☐ No

If yes, height and full/partial fencing: _____

Pet History

Do you currently have pets? ☐ Yes ☐ No

If yes, list all pets (species, breed, age, temperament):

Have you had pets in the past? ☐ Yes ☐ No

If yes, list previous pets and what happened to them:

Have you ever surrendered a pet or given one to someone else to care for?

☐ Yes ☐ No

If yes, explain circumstances:

Have you ever had to make a medical decision where finances were a factor?

☐ Yes ☐ No

If yes, provide details:

Have you ever euthanized a pet? ☐ Yes ☐ No

If yes, explain the reason and how it was performed:

Care & Lifestyle

Where will the cat be kept? ☐ Indoors only ☐ Indoors and outdoors ☐ Barn/Working Cat

If you move, what are your plans for the cat?

How will you handle behavior issues or adjustment challenges?

How will you handle integration with existing pets?

Veterinarian Name:_____

Veterinarian Address:_____

Veterinarian Phone Number:_____

Veterinarian Website:_____

Are you financially able to provide annual checkups, vaccinations, and any medical care necessary? ☐ Yes ☐ No

Cats adopted from APFH may not be declawed for any reason, do you agree that you will not have your cat declawed or knowing allow anyone else to do so? ☐ Yes ☐ No

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Sanctuary Requirements

Would you allow a home visit by appointment? ☐ Yes ☐ No

Do you agree to follow-up checks after adoption? ☐ Yes ☐ No

Do you agree to return the cat to Andrew's Paws for Hope if any issues arise?

☐ Yes ☐ No

(If you experience any hardship in returning your cat, APFH may be able to assist. Also, if you experience an emergency, domestic or other forms of violence, of any other situation, we are here for you and may offer to temporarily take the cat(s) in until the situation stabilizes)

Do you understand that the cat may not be rehomed or surrendered to any shelter or rescue?

☐ Yes ☐ No

Do you understand that cats must remain indoors unless leashed or in a secure enclosure?

☐ Yes ☐ No

Do you agree not to declaw the cat? ☐ Yes ☐ No

Do you agree to microchip the cat within 10 days (or transfer ownership within 10 days if already chipped)? ☐ Yes ☐ No

Do you have a backup plan for the cat's care if your circumstances change? ☐ Yes ☐ No

If yes, describe:

Legal Agreement

By signing this application, I affirm that all information provided is complete, accurate, and truthful to the best of my knowledge. I understand that Andrew's Paws for Hope relies on this information to determine whether adoption is in the best interest of the cat.

I acknowledge that this agreement is intended to be legally binding and enforceable in any court of law with proper jurisdiction. I agree to comply with all sanctuary policies, care requirements, follow-up procedures, and return obligations outlined in this document.

I further acknowledge that this agreement remains valid regardless of changes in residence, relocation, or jurisdiction, and that my obligations to the adopted cat and to Andrew's Paws for Hope continue unless formally released in writing by the Sanctuary.

By signing below, I agree that I have read, understand, and voluntarily accept all terms of this adoption application and contract.

Signature

Applicant Signature: _____

Date (month, day, year): _____

Sanctuary Representative: _____

Date (month, day, year): _____