

ROAR of ARIZONA ADOPTION APPLICATION

Name/description of the cat(s) you are interested in adopting: _____

Adopter Name(s): _____

Address: _____ City: _____ Zip: _____

Home Apartment Mobile Other Own -or- Rent (is there a lease restriction on pets? Y / N)

Best phone to reach you: _____ Email: _____

Your age range: 18-25 / 26-44 / 45-65 / 66+ Are you willing to have a home check? Y / N

Employer: _____ Position: _____

City/State of Employment: _____ How long? _____ FT PT

Please list ALL members of household and age(s) of any children: _____

Is everyone in the home aware you are adopting a pet? Y / N Any house-members allergic to animals? Y / N

Number/type/breed of current pets: _____

Are your current pets: Spayed/Neutered? Y / N Vaccines current? Y / N Licensed? Y / N

List pets owned in last 10 years and what happened to them: _____

Do you keep your pet(s) inside exclusively? Y / N Will this pet have access to a porch or patio? Y / N

Does your home have: A pet door? Y / N A secured yard? Y / N (Height of fence: _____)

Hours a day this pet will be outside? _____ Where will pet sleep? _____

If Cat: Might you declaw? Y / N Have a Catio? Y / N Have a cat tree/furniture? Y / N

If Dog: Do you intend to crate train? Y / N Obedience train? Y / N Backyard kennel at any time? Y / N

Your Veterinarian Clinic(s): _____

When was your last vet visit? _____ Reason for visit: _____

Do we have permission to contact your vet? Y / N Phone number(s): _____

What will happen with this pet if: You move? _____

Go on vacation? _____

Can no longer keep this pet? _____

Under what circumstances would you not keep this pet? _____

Why are you interested in adopting this particular pet? _____

APPLICANT SIGNATURE AND DATE: _____