

L.I.F.E ANIMAL RESCUE - POTENTIAL ADOPTER PROFILE

Please e-mail to jcirwin@pacbell.net or fax to (805) 379-5968

I would like to adopt: _____

COMPLETION OF THE APPLICATION DOES NOT GUARANTEE PLACEMENT. WE RESERVE THE RIGHT TO TURN DOWN POTENTIAL ADOPTERS AS WE DEEM NECESSARY. DUE TO THE NUMBER OF APPLICATIONS RECEIVED, YOU WILL BE CONTACTED ONLY IF YOUR APPLICATION IS A MATCH.

Have you adopted from us before? (Yes) (No) Have you ever filled out one of our applications before? (Yes) (No)

Name: _____ Date: _____

Street: _____

City / State / Zip: _____

Phone: (Evening): _____ (Daytime): _____

1. Who shares your household? (Live alone) (Spouse) (Parent) (Children) (Significant Other) (Roommate)
2. Ages of your children, if any?: _____ Is this child's first pet? _____
3. Do you live in a: (House) (Apartment) (Condo) (Townhouse) (Mobile Home)
4. Do you rent? (Yes) (No) If you rent, do you have permission to have a cat? (Yes) (No)
5. Do you have? (Balcony) (Deck) (Patio) (Yard) Will the cat be allowed to go on/in it? (Yes) (No)
6. Is anyone in your house allergic to cats? (Yes) (No) Who?: _____
7. Will the cat be? (Indoor & outdoor) (Indoor only) (Outdoor mostly) (Outdoor only) (Barn Cat)
8. If the cat goes outdoors, will it be? (With supervision only) (Out during the day/In at night) (Whenever it wants)
(Cat will not go outdoors) (On a leash)
9. Will the cat be allowed? (In the entire house) (Only part of the house)
10. If you leave for part of the day, will the cat be left? (In the entire house) (Only part of the house)
11. Where will the cat sleep at night? (Outside) (Laundry Room) (Bathroom) (Garage) (Anywhere in house)
(Other: _____)
12. Is anyone home during the day? (Yes) (No) (Part of the time)
13. Have you ever had a cat before? (Yes) (No)
What happened to the cat(s)? _____
14. Do you have other cats? _____ Their age(s): _____ Have they been tested for? (Leukemia) (Feline Aids)
Dogs? _____ How many? _____ Breed? _____ Will dog interact with the cat? _____
15. Do you have a pet door? (Yes) (No) If Yes: (House to outside) (House to garage) (Garage to outside)
16. Are all your pets spayed/neutered? _____ If no, why not? _____
17. Do you plan on declawing this cat? (Yes) (No) If yes, why? _____
18. When you go on vacation, who will take care of the cat? (Relative/Neighbor/Friend) (Pet Sitter) (Board)
19. Under what circumstances, would you give up your pet? (Moving / New Job) (Divorce) (Hides/Unsocial) (Bites)
(Scratches Children) (New Baby) (Allergies) (Large Vet Bills) (Not using Litter Box) (Claws furniture) (Shedding)
(Does not get along with other pets) (I would never give up my cat) (Other) _____