



Town of Apple Valley Animal Shelter



Feline Adoption Application

Thank you for filling out this application. The information you provide will help us find the best match for you and your family. Please understand that the Town of Apple Valley reserves the right to deny any application to adopt any pet for any reason. Our mission is to place animals in permanent loving homes that best match the animal and new owner's needs, desires and lifestyle.

Be advised that State Law requires us to hold animals for a period of 72 hours; giving the potential owner an opportunity to claim their pet. During this initial hold period citizens are allowed to view animals which may become available for adoption. Our shelter does not reserve animals for adoption, and all animals deemed adoptable are available on a first come basis providing your adoption application has been approved. In the event that more than one person comes forward at exactly the same time, names will be placed in a hat and drawn to determine who will adopt the animal. Please check with a staff member if you are unclear when a particular animal becomes available.

Additionally, part of the adoption approval process may include an interview or phone consultation with the Shelter Supervisor.

Please initial after reading: _____

Animal Impound #: _____ **Kennel #:** _____

Name: _____ **Phone#:** _____

Address: _____ Please Print _____ **Cell #:** _____

_____ **E-mail:** _____

Number of children living in home: _____ **Children's Ages:** _____

Length of time at address: _____

Housing Type: _____ House _____ Mobile Home _____ Apartment

Do you: _____ Own _____ Rent _____ Live with parents or friends

If you do rent, do you have permission from your landlord to have a cat? _____ Yes _____ No

Landlord's Name: _____ **Phone #:** _____

Are you planning to move in the next year? _____ Yes _____ No. **If you move, what do you plan to do with your pets?** _____

If you have a veterinarian, please provide their name (or clinic name): _____

Cat Experience: <input type="checkbox"/> First time owner <input type="checkbox"/> Have had one or two dogs <input type="checkbox"/> Knowledgeable & experienced	Time Away From Home: <input type="checkbox"/> Home all day <input type="checkbox"/> Out part-time <input type="checkbox"/> Away 7-10 hours/day	Home Atmosphere: <input type="checkbox"/> Busy, lots of activity <input type="checkbox"/> Some activity <input type="checkbox"/> Quiet & serene
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Our Cat Will Live: <input type="checkbox"/> Indoors only <input type="checkbox"/> Indoors/outdoors <input type="checkbox"/> Outdoors only	Type of Yard: <input type="checkbox"/> Securely fenced <input type="checkbox"/> Not Fenced Type of Fencing _____	I Prefer Declawed Cat? <input type="checkbox"/> Yes <input type="checkbox"/> No I Know How to Trim Nails? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does anyone in the household suffer from allergies? _____ Yes _____ No
Is anyone in the household unsure or nervous of cats? _____ Yes _____ No
Will your cat interact with elderly people? _____ Yes _____ No

I am looking for these traits in a cat (check all that apply)

<input type="checkbox"/> High energy, Kitten-like	<input type="checkbox"/> Independent
<input type="checkbox"/> Mellow, easy-going	<input type="checkbox"/> Good with dogs
<input type="checkbox"/> Lap cat	<input type="checkbox"/> Good with other cats
<input type="checkbox"/> Very affectionate	<input type="checkbox"/> Good with kids
<input type="checkbox"/> Mouser	

I would not tolerate or would find difficulty managing the following bad habits (Check all that apply):

- Not Using the Litter Box Play Biting
 Scratching Furniture Wants to Go Out
 Other: _____

Most shelter animals have unknown medical backgrounds. Are you prepared to take this animal to a veterinarian within ten days for a medical examination and any necessary medical treatment? Yes No

What do you expect the yearly expense of owning this new pet to be? \$ _____

Who will be responsible for the pet's care? _____

Are you prepared to spend \$150.00 or more for veterinarian care for the first year you own this animal? Yes No

Are you willing to help your new pet through possible minor behavior problems? Yes No

Are you willing to give the pet up to six weeks to adjust to its new surroundings? Yes No

Have you ever adopted an animal from this shelter? Yes No

Have you ever left an animal at the Apple Valley Animal Shelter? Yes No

If yes, why? _____


Are all your pets sterilized? Yes No Are your pets' shots up to date? Yes No

** Excess number of animals may require a permit based on zoning*

Dog	Cat	Other	Breed/Type	Sex	Age	Where is pet kept?		
						inside	outside	both
						inside	outside	both
						inside	outside	both
						inside	outside	both

How did you hear about the Town of Apple Valley Animal Shelter?

- Adopted an animal Radio/TV Other _____
 Surrendered an animal Website Veterinarian Friend/family

 **Please Initial After Reading and Sign.**

I certify the above answers to be true and correct. _____
I understand that adoption fees are not refundable. _____
I agree to accept this animal as a pet and to provide it with nutritious food, fresh water, appropriate shelter and medical care as well as regular exercise and grooming. _____

Potential Adopter's Signature _____ Date _____

For internal use only

RVT Eval: _____ Check Priors File: _____ No Prior File Yes

Initials Initials

SCAN: _____ Discussed Priors _____

Initials

Application Approved By: _____ Not Approved: _____

Additional Comments: _____