



Starting Over Animal Rescue Feline Adoption Application

In order to be considered as a guardian, you must:

- *Be 18 years of age.
- *Have a valid photo I.D. showing your current address
- *Have verifiable consent from your Landlord/Homeowner

Understand that STARTING OVER ANIMAL RESCUE, has the right to verify all information on this application including a home visit, reference and vet check.

Although SOAR eagerly seeks placement of its animals, experience has shown that some situations are not consistent with the welfare of the animal. Unsatisfactory placement can result in an unpleasant experience for your family and can traumatize the pet. We reserve the right to refuse any placement we consider unsatisfactory. This is not a reflection on you personally, but simply that a particular pet may not do well in your situation. We feel our experience in this area must be our guide to a successful adoption.

Animals rescued by SOAR come from a variety of situations. Upon arrival, all cats are given preliminary medical care and health checks. All cats are monitored while at the clinic or in foster care but there is always a chance that the cat is harboring an illness without showing any symptoms.

Are you prepared to be fully responsible for immediate medical care for this animal if illness should occur? ___Yes ___No

Yearly vet exams are integral to the health of any pet. Spaying/neutering and vaccinations are required by state law. Annual vet visits for an altered adult cat can cost anywhere between \$50-100. Kittens can cost double this amount due to initial monthly vaccinations and wormings. Food, litter, and other supplies can cost \$100-300 for each pet each year. Do you have the financial resources to properly care for this animal? ___Yes ___No

The average cat has a life expectancy of 12-20 years. Are you prepared to care for this cat for it's entire life? ___Yes ___No

Name of Cat/Kitten you are applying for _____
How long have you been thinking about adopting a cat/kitten? _____
Have you ever adopted from us before? If so, when and where is this pet now? _____

Personal Information:

Name: _____ Driver's License Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell/Work Phone: _____
Reference (please state family, friend, neighbor or other):
-Name: _____ Contact Number: _____
Are you a student? ___Yes ___No

E-MAIL

Household Information:

Do you live in a: ___House ___Apartment ___Townhouse ___Mobile Home
Do you: ___Own Home ___Rent ___Live with parents
Landlord's or Parent's Name: _____ Contact Number: _____
Do you have plans to move? If so, when? _____
Have you ever moved while owning a pet? What happened to your pet? _____

Describe your household activity: ___Quiet ___Average ___Active ___Noisy
Ages of all children living in household: _____, _____, _____, _____, _____, _____
Does anyone in your household have allergies to animals? _____
What will you do if someone in your household develops allergies to this pet? _____

If you are planning on having a family in the future, will your pets be included as part of the family or do you feel that pets could be harmful to a future baby? _____

Veterinarian and Pet Care Information:

Please list pets that you have now or have had within the past 5 years:

Type (Cat/Dog/Other)	Age	Sex	Neutered?	Kept Where?	Pet's Current Status
_____	_____	_____	Yes / No	Indoor / outdoor	_____
_____	_____	_____	Yes / No	Indoor / outdoor	_____
_____	_____	_____	Yes / No	Indoor / outdoor	_____
_____	_____	_____	Yes / No	Indoor / outdoor	_____
_____	_____	_____	Yes / No	Indoor / outdoor	_____
_____	_____	_____	Yes / No	Indoor / outdoor	_____
_____	_____	_____	Yes / No	Indoor / outdoor	_____

My Veterinarian is: _____ Contact Number: _____

Name that pets are listed under at the Veterinarian office: _____

Are your pets current with their vaccinations and vet care? Yes No Don't Know

When was the last time your pet had a vet visit? _____

If you have a dog, is your dog friendly around cats? Yes No Don't Know

Do you plan on declawing this cat if it is not already declawed? Yes No

Will your cat be allowed outdoors? Yes No Undecided

If yes or undecided, under what conditions? _____

Have you ever had a pet that: Was hit by a car Ran away Died of natural causes

Have you ever given a pet away? Yes No

If yes, why, to whom and where is the pet now? _____

Pet Preferences:

What is your past experience with cats?

First time owner Have had one or two cats Had a cat as a child Experienced

Why do you want to adopt a cat? Please check all that apply.

Companion for family Companion for current pet(s) Indoor Mouser Breeder

Barn Cat Gift - For whom?: _____

What personality traits are you seeking in a cat? Please check all that apply.

Active/High Energy Very Affectionate Lap Cat Quiet Independent

Easy-going/Gentle Curious Outgoing/Extroverted Shy/Introverted

Do you prefer: Male Female No preference

Where will your cat be when you are not home? _____

How long do you expect your new pet to adjust to your home? _____

Would you like information on: Litter training Scratching prevention Feeding

Vaccinations/Vet care Introducing a new pet Other - explain _____

How did you first learn about SOAR ? _____ Internet Website Newspaper Ad,

Recommendation by Friend or Vet Other - Please explain: _____

By signing below, I am agreeing that the above information is complete and correct. I understand that if reference checks do not correspond with the information I've provided, I will be denied for adoption.

Signature: _____ **Date:** _____