



Adoption Application Killer Kitties Rescue

Your **thoroughness** is of utmost importance for your application to be processed and not returned as incomplete. We are looking for vetting history for **ALL** your present and past animals. There is nothing more indicative of future behavior than past behavior!

You will not be disqualified if you have never had a cat before (or any pet) **but please** complete section in red print on page 3 for first time cat owner if this applies to you!!

Adoption fee is \$150 for all felines. This includes a \$50 deposit once approved to adopt. All kittens come dewormed, current on flea prevention, tested for FIV and FELU, and with first and second distemper vaccines. Your adoption fee includes this vetting and an appointment for a spay/neuter, microchip, distemper and rabies.

Name of Applicant:

Age of Applicant: _____

Sex of Applicant: _____

Full Address:

Email: _____

City _____ State _____ Zip _____

Do you own or rent? _____

Telephone number: (best contact number)

Landlord or apartment office name and phone:

Are you employed? _____ Full time/Part-time: _____

Which cat/kitten are you interested in adopting? If no particular cat, please give sex, color personality cat you are interested in adopting.

Other People in your home and ages:

age: _____ relationship: _____

age: _____ relationship: _____

age: _____ relationship: _____

age: _____ relationship: _____

age: _____ relationship: _____

Do you have a Facebook profile? _____ Name on profile: _____

ALL other pets in home: (Species, Name, sex, age):

Species: _____ Name: _____ Sex: _____ Spayed/Neutered: _____ Age: _____

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use back/ attach additional pages if needed!

Past pets you no longer own due to death or giving away :(species sex, age)

Species: _____ Name: _____ Sex: _____ Spayed/Neutered: _____ Age: _____

Why is this animal no longer with you? _____

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Why is this animal no longer with you? _____

Veterinary History: Please list current and past vets for all animals above and include the vet's address and telephone number. Please call your vet and give them clearance to speak with us regarding your animal vetting history! We will need to call and check your vet records. If chart is in a different name than applicant, we need to know that here:

Vet: _____ Phone number: _____

Address: _____

Animal(s): _____

Persons name vet records are under: _____

Vet: _____ Phone number: _____

Address: _____

Animal(s): _____

Persons name vet records are under: _____

Please confirm you have contacted the veterinarians listed above to let them know we will be calling for a reference and they have your permission to speak to us: _____

Please note we will not call twice for references!

IF THIS IS YOUR FIRST CAT you **must** complete this section in red: If you have previous documentation of owning a cat with vet care paid for by you, then no need to complete.

Proposed vet: _____

What yearly vet care do they propose is needed for a cat: _____

What are the core vaccines needed for maintaining a healthy cat? _____

What is the cost of those services? _____

What cat food brand do you intend to use and yearly cost? _____

What litter brand do you intend to use and yearly cost? _____

How will you deter scratching of cat in unwanted places in your home? _____

Please list a personal reference (not a relative) and contact information. This would be someone who has been in your home, has met your pets and could say that you are a responsible pet owner

Name: _____ Phone: _____

Please describe how this new pet will fit into your family and daily routine:

Will new kitten/cat be indoor or outdoor? _____

On a daily average how long will this kitten/cat be in home without people around? _____

Will new kitten/cat be on monthly flea/tick control? _____ Brand: _____

Is there anyone in household with allergies to animals or fear of animals? _____

Please tell us about current cats in the home and personality

Cat: _____ Age: _____ Personality: _____

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Are you committed to yearly veterinarian exams and vaccines for your new kitten/cat? _____

Will you declaw this kitten/cat? _____

What is the average life expectancy of a healthy, indoor cat? _____

Are you committed to owning this animal for its entire life? _____

Please describe a situation that you could foresee needing to re-home the kitten/cat you adopted from us (moving, new baby etc.): _____

Do you have any house plants? _____

If you do, please research and indicate their toxicity to felines and list them here: _____

Do you use scent diffusers in your home? Please note most are toxic to cats: _____

Your kitten will need a wellness check performed by your vet PRIOR TO their spay/neuter appointment provided in your adoption fee. This appointment is at your cost. Adult felines have their first year of vet care completed including spay/neuter.

Your kitten/cat will need, at a minimum, yearly exams and vaccines to ensure good health. Are you committed to scheduling and being compliant with these needs? _____

How did you hear about our rescue? _____

Please follow us on Facebook [@killerkittiesrescue](#)

Thank you for your application!

Please do not attach to a thread of emails and return directly to killerkittiesrescue_adoption@yahoo.com.

Please give us several business days to process your application and email updates.