



CAT ADOPTION APPLICATION

Today's Date: _____

STAFF ONLY			
Adoption Outlet: _____	Name of Animal(s): _____		
<input type="checkbox"/> Cat	<input type="checkbox"/> Kitten	Adoption Fee: \$ _____	<input type="checkbox"/> \$7 Cardboard Carrier <input type="checkbox"/> \$100 Surgery Deposit
Adoption Facilitator: _____		Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Notes: _____		Date: _____	
<i>Checks that don't clear incur a \$25 fee.</i>			

NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ DRIVERS LICENSE NUMBER: _____ STATE: _____

EMPLOYER: _____ LENGTH OF EMPLOYMENT: _____

1. HAVE YOU ADOPTED FROM PAL BEFORE? YES NO

IF YES, PLEASE INDICATE: CAT DOG WHEN? _____

2. DO YOU LIVE IN A: HOUSE APARTMENT/CONDO OTHER _____

3. DO YOU: OWN RENT (if rent please complete below)

IF YOU ARE RENTING YOUR HOME, DOES YOUR LANDLORD ALLOW PETS? YES NO

LANDLORD'S CONTACT INFORMATION: _____ LENGTH AT CURRENT PRESENT ADDRESS: _____

4. DOES YOUR COMMUNITY RESTRICT THE NUMBER OF ANIMALS PER HOUSEHOLD? YES NO

5. LIST ADDITIONAL PEOPLE YOUR NEW COMPANION ANIMAL WILL BE LIVING WITH:

NAME: _____ AGE: _____ RELATIONSHIP: _____

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NAME: _____ AGE: _____ RELATIONSHIP: _____

6. WILL THE ENTIRE HOUSEHOLD SHARE IN THE CARE OF THE COMPANION ANIMAL? YES NO

7. ARE ANY MEMBERS OF YOUR HOUSEHOLD ALLERGIC TO CATS/DOGS? YES NO

8. WHAT WILL HAPPEN TO THIS ANIMAL IF YOU MUST MOVE UNEXPECTEDLY? _____

9. WHAT KIND OF BEHAVIOR(S) WOULD YOU FIND UNACCEPTABLE IN A PET? (EXAMPLE: AGGRESSION, BARKING):

10. DO YOU AGREE NOT TO DECLAW YOUR CAT? YES NO UNSURE

WHY? _____

11. HOW MANY HOURS IN AN AVERAGE WORK DAY WILL YOUR COMPANION BE UNATTENDED? _____

12. WHAT WILL HAPPEN TO YOUR COMPANION ANIMAL WHEN YOU GO ON VACATION OR IN AN EMERGENCY?

13. DO YOU HAVE A REGULAR VETERINARIAN? YES NO

VETS NAME: _____ CLINIC: _____ NUMBER: _____

14. DO YOU WANT THESE ANIMALS TO LIVE... INSIDE ONLY INSIDE/OUTSIDE OUTSIDE ONLY

15. WHERE WILL THIS ANIMAL BE KEPT WHEN YOU ARE NOT HOME? _____

16. HOW MUCH DO YOU ANTICIPATE ANNUAL COSTS FOR THIS COMPANION ANIMAL TO BE? _____

17. HOW MANY ANIMALS HAVE BEEN UNDER YOUR CARE IN THE LAST FIVE YEARS, STARTING WITH YOUR CURRENT ANIMALS?

BREED: _____ AGE: _____ NEUTERED/SPAYED: _____ LENGTH OF TIME WITH ANIMAL _____

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ARE YOUR CURRENT ANIMALS UP TO DATE ON THEIR VACCINATIONS? YES NO

18. HAVE YOU CONSIDERED YOUR PET'S WELFARE IN THE UNLIKELY CASE YOU ARE NO LONGER ABLE TO PROVIDE CURRENT LEVEL OF CARE DUE TO MEDICAL EMERGENCY, COMPLICATED HEALTH PROBLEMS OR AGE?

YES NO

19. **MILITARY PERSONNEL:** DO YOU LIVE ON BASE? YES NO WHEN DID YOU ARRIVE? _____

WHAT'S YOUR DUTY STATION & UNIT? _____ LENGTH STATIONED FOR? _____

NAME OF RANKING SUPERVISOR _____ PHONE NUMBER _____

WHAT PLAN IS IN PLACE IF YOU ARE TRANSFERRED OR DEPLOYED? _____

HAVE YOU HAD TO RELINQUISH AN ANIMAL BEFORE DUE TO DEPLOYMENT OR CHANGE OF LOCATION? YES NO



Palmetto Animal League hereby agrees and allows the aforementioned adopter to adopt the animal identified above, subject to the following conditions:

_____ I agree to feed daily, always provide drinking water, adequate shelter, and to provide kind treatment at all times.

_____ I am 18 years of age or older and have provided identification showing my present address. If I am not the owner of the home (live with family), I have permission from the owner to bring this pet into the home or I have permission from the landlord to have this pet in my home.

_____ I agree that this animal is to be kept solely as a pet, that this animal will never be used for any other purpose, including but not limited to fighting, food, medical or other experimental uses.

_____ I agree to license this animal in compliance with the laws and ordinances in the municipality where the adopter resides, currently and at all times in the future.

_____ I agree that neither myself, nor any member of their household, have ever been convicted of animal cruelty, neglect or abandonment in any jurisdiction whatsoever, at any time whatsoever.

_____ I agree to provide and be responsible for the cost for all medical care and further agree to regular wellness visits to a licensed veterinarian yearly, and to provide preventative medication for parasites and heartworm, as recommended by the veterinarian.

_____ I agree that in the event I am unable to keep this animal, I must notify Palmetto Animal League to schedule a date and time for returning the pet. I understand that a return date and time is dependent upon the availability of space and that I may be required to hold the pet until space is available or find an alternative such as boarding until space becomes available. ***Adoption returns take priority on our intake list.***

_____ I agree to never declaw an animal adopted from Palmetto Animal League. I understand if the cat is declawed against this agreed upon policy that there could be additional fees for radiology/surgery if the cat is experiencing behavior issues due to the declaw procedure. Palmetto Animal League is prepared to recover fees in court.

_____ I understand that Palmetto Animal League may require a 24+ hour hold on all adoptions at our discretion.

_____ I understand that all pets are spayed or neutered prior to adoption or by entering into a written agreement for spay/neuter surgery at a later date due to the pet not making weight, medical issues that need to resolve or an overwhelmed surgery schedule. This is called Foster to Adopt to comply with South Carolina State Law 47-3-480.

_____ I understand that adoption fees are non-refundable. I understand that cats that are not altered prior to adoption require a surgery deposit of \$100.00 to be refunded at the time of surgery pick up.

Applicant Signature: _____ Date: _____