

**CAMDEN-ROCKPORT ANIMAL RESCUE LEAGUE & SEXTON ANIMAL SHELTER**

PO Box 707, 146 Camden Street, Rockport, ME 04856

(207)236-8702 email: sextonas@midcoast.com

website: www.crarl.org

**♥CAT FOSTER / ADOPTION APPLICATION♥**

Name of FELINE(S) applying to adopt: \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of spouse or other adult(s) living in the home \_\_\_\_\_

Physical Address \_\_\_\_\_

City / Town of Residence \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ years \_\_\_\_\_ months

Mailing Address (if different than above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**In helping us decide if you and the animal you have chosen are well suited for one another, please answer the following questions truthfully and to the best of your ability. If follow-up investigation after you have adopted an animal from C.R.A.R.L. INDICATES THAT ANY OF YOUR ANSWERS WERE FALSE, YOU MAY HAVE TO SURRENDER THE ANIMAL BACK TO US, AS WELL AS PAY OUR COSTS OF ENFORCING THE TERMS OF THE ADOPTION CONTRACT.**

1. Name of Employer \_\_\_\_\_

2. Do you own your own home? YES NO

3. Do you rent? YES NO

Landlord's Name \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_

4. Do you currently own any pets? YES NO

If YES, please list type(s) and ages \_\_\_\_\_

Please list animals' names: \_\_\_\_\_

Who is your veterinarian now? \_\_\_\_\_

5. Have you ever owned pets in the past? YES NO

If YES, please list type and explain what happened to them.

\_\_\_\_\_

\_\_\_\_\_

Please list animals' names: \_\_\_\_\_

Who was your veterinarian in the past? \_\_\_\_\_

6. For what purpose do you want to adopt this cat? Circle all that apply:

COMPANION FAMILY PET BARN CAT MOUSER CHILD'S PET

COMPANION FOR OTHER PET OTHER \_\_\_\_\_

7. Do you plan to have this cat declawed? YES NO

8. Will the cat be an? INSIDE PET OUTSIDE PET INSIDE & OUTSIDE PET

9. How many children are living in the home? \_\_\_\_\_ Ages? \_\_\_\_\_

10. Is any member of your household allergic to cats? YES NO
11. Does every member in your household know you are adopting a cat? YES NO
12. Who will be responsible for the care of the cat? \_\_\_\_\_
13. What do you plan on doing with the cat if you have to move? \_\_\_\_\_
14. What will you do with your cat when you go on vacation? \_\_\_\_\_
15. If you do not have a veterinarian now, who will you be setting up an account with? \_\_\_\_\_
16. Have you adopted or applied to adopt from a shelter before? YES NO  
If YES, shelter name \_\_\_\_\_ location \_\_\_\_\_  
How did you learn about our shelter? \_\_\_\_\_
17. After you have adopted a cat, will you allow a representative from C.R.A.R.L. to visit your home and inspect the animal and his/her facilities? YES NO  
If NO, why not? \_\_\_\_\_
18. REFERENCES:  
May we call your veterinarian for a reference? YES NO Phone Number? \_\_\_\_\_  
If NO, why not? \_\_\_\_\_  
Personal Reference #1 (NOT related) \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Personal Reference #2 (NOT related) \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Please Note:**

**SHELTER POLICY REGARDING KITTENS-THEY ARE TO BE KEPT INDOORS FOR A MINIMUM OF ONE YEAR AFTER ADOPTION.**  
Getting a cat is a serious and permanent commitment; they depend on you for food, shelter, concerned attention, and medical care. In return, they give you unconditional love and companionship.

19. Are you prepared to manage the cost and care involved in keeping this companion, no matter what medical condition(s) may arise in the future? YES NO
20. If you find that you cannot afford to keep this pet, are you willing to relinquish the pet back to C.R.A.R.L. to receive the medical care it may need. YES NO

When cats are outside for an extended period of time, they must be sheltered from inclement weather, including prolonged exposure to cold, heat, and direct sunlight. They should never be allowed to run loose, for their own safety and that of the community.

**By signing below you are committing to recurring check-ups and vaccinations required by your veterinarian.**  
**PLEASE TAKE NOTICE WHEN RABIES AND OTHER VACCINATIONS ARE DUE.**

If there ever comes a time when you cannot keep this pet, PLEASE inform us of reason and/or circumstances. We will do our best to take the cat back, providing we have room and are able to care for the cat.

SIGNATURE of applicant (adult guardian, if under 18) \_\_\_\_\_

Printed name of person signing \_\_\_\_\_