

Adoption Application

Thank you for your interest in a Goathouse Refuge cat. Before you submit an adoption application, please make sure you are familiar with our [Adoption Process](#). To expedite the process, please complete all fields on the application.

Potential adopters must also visit the refuge and spend time with the cats in person. The refuge is [open daily](#) to visitors from 12 – 3:00 p.m; however, if you plan to visit during the week we ask that you please call our office in advance to confirm availability of our weekday staff.

After we receive your application, a staff member or volunteer will contact you. If you haven't heard from us after 48 hours, please [contact the Goathouse office](#) to make sure we received your application. Our adoption fee is \$100.

Thank you for your interest in our cats!

Basic Information

Adopter's Full Name: _____

Adopter's Age: _____

Mailing address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email address: _____

Best way to contact you: _____

Name of cat(s) you are interested in: _____

Have you visited the refuge or met the cat(s)? _____

When did you decide to get a new cat? _____

What qualities are you looking for in a cat? _____

How did you hear about the Goathouse Refuge? _____

Household Members and Current Pets

Please list all members of your household, including family, roommates and frequent visitors, along with their names and ages: _____

Does everyone listed above agree to getting a new cat? _____

Does anyone listed above have pet allergies? _____

Is anyone listed above a smoker? _____

Given the evidence about the [effects](#) of smoking on pets, we will need to know more about the extent of the smoking. If you answered yes above, please check one:

____ Outdoors Only ____ Indoors and Outdoors

Have you owned cats as an adult? _____

Please list all **pets that you currently own**, names, ages and breeds: _____

Please list all **former pets**, names, ages and breeds, and what happened to the pet: _____

Are all of your pets current on their vaccinations? _____

Are all of your current cats FIV/Feline Leukemia negative? _____

Are all of your current cats spayed or neutered? _____

Are any of your cats declawed and was that your decision? _____

Would you ever consider declawing a cat? _____

May we contact your veterinarian? _____

Veterinarian's name: _____

Veterinarian's location: _____

Veterinarian's phone number: _____

Other: _____ Don't have a veterinarian. _____ Don't have veterinarian information available.

_____ Do not call my veterinarian.

About Your Home

What kind of home do you live in?

_____ Own Home _____ Rent _____ Condo / Townhouse _____ Apartment _____ Other

How long have you lived at your current address? _____

Do you have your landlord's permission for a new pet? _____

Your landlord's name and phone number: _____

May we contact your landlord? _____

Do you have a screened porch or enclosed patio? _____

Who will be the primary caregiver of your cat? _____

How long are you gone each day? _____

Caring for Your New Pet

Are you employed? Check all that apply:

_____ Not employed _____ Full time _____ Part time _____ Work at home _____ Retired

_____ Undergrad student _____ Graduate student _____ Military

Are you prepared to make a 20 year financial and emotional commitment to this cat? _____
All approved applicants age 65 and older will be required to have an eligible co-signer on their eventual adoption contract.

What kind of lifestyle do you want your new cat to have? _____Indoor only _____Outdoor only
_____Indoor/Outdoor

What is your reason for this choice? _____

Where will the cat sleep at night? _____

How often do you travel? _____

When you travel, who will care for your cat? _____

How much responsibility will children be given in caring for your cat? _____

What will happen to the cat if you move? _____

What will happen to the cat if you have children? _____

How will you teach your cat? _____

What would you do if your cat developed a behavioral problem? _____

Are you willing to take your cat to a Vet for an annual physical and vaccinations? _____

Are you willing to provide regular tick and flea control? _____

A Day in the Life of Your New Cat

Please describe what a typical day will be like for this cat if he/she is adopted by you?

Name & contact info of a personal reference (other than a family member) and phone number:

How do you know this person? _____

Do you have any objections to letting a rescue group volunteer visit your home for a pre-adoption home visit or follow-up visit after the adoption? _____

Are you a US citizen? _____

Are you planning to move out of the country at any time? _____

Signature

I am at least 21 years old. All of the information I have given is true and complete. I understand that the Goathouse Refuge has the right to refuse my application. By typing my name in the space below I am applying a legal, digital signature.
