

## 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?

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

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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? \_\_\_\_\_

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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.

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