

**NORTH KINGSTOWN/EXETER A.P.L. INC. (PET REFUGE) ADOPTION APPLICATION**

**APPLICATION DATE:**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long at this address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_ Driver's license # \_\_\_\_\_  
**Occupation and Employer's Name:** \_\_\_\_\_

1. **WHY** are you currently looking to adopt a cat?

2. Is there a specific cat/kitten are you interested in?  Yes  No If yes, Name of cat: \_\_\_\_\_

3. Do you **currently have or previously had** other animal companions?  Yes  No

If yes, please answer 3a to 3f below. If pet is deceased, indicate by "D" after name & year of

Names & ages of cat(s)

3a. Are/were any cats declawed?  Yes  No

3b. Are/were cats allowed outdoors?  Yes  No

3c. Are/were the cats spayed or neutered?  Yes  No

3d. Are/were the cats tested for feleuk/FIV?  Yes  No

3e. Are/were the cats up to date on vaccines?  Yes  No

3f. Names/Ages/Breed of dog (s): \_\_\_\_\_

Are/Were dog (s) on Heartworm med. and up to date on vaccines?  Yes  No

4. Do you live in a:  House  Apartment  Mobile Home  Condo

Do you  Own home (means tax bill in your name or spouse)  Rent  Live with parents

If renting, landlord's name/address/land line phone number) (Or bring in lease): \_\_\_\_\_

5. Where will the new cat (and any existing cats) spend their days and nights? Select all that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Indoors only              | <input type="checkbox"/> Screened Porch | <input type="checkbox"/> Basement              |
| <input type="checkbox"/> In/out during the day     | <input type="checkbox"/> Open Deck      | <input type="checkbox"/> Garage                |
| <input type="checkbox"/> Indoors at night          | <input type="checkbox"/> Single Room    | <input type="checkbox"/> Barn                  |
| <input type="checkbox"/> Outdoors most of the time | <input type="checkbox"/> Crated         | <input type="checkbox"/> Other (Explain Below) |

6. a. Have you ever adopted from a rescue group? / b, had application denied?  Yes  No If yes, Which group?

If adoption approved: Pet's name: Year of adoption:  
Do you still have the pet?  Yes  No If no, what happened to pet?

b. If denied, which group?

7. Have you ever brought an animal to a shelter or gave it away or "lost" it? (I.E.,disappeared, hit by car, etc.)

Yes  No

If yes, describe circumstances

8. Under what circumstances -- if there are any -- would you declaw your cat?

9. If you move\_and/or can't keep your pet, what would happen to it?

10. Full names/ages of those living with you

Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

Is anyone in the home allergic to cats?  Yes  No

11. Do we have permission to contact your vet to discuss current or past pets?  Yes  No

Please provide name/address/phone number of Current or Previous Veterinarian.

Name/Address

Phone:

My signature below signifies that all the information provided on this application is true and accurate. To "sign electronically," please type your name and the last four digits of your phone number.

Applicant's Signature: \_\_\_\_\_

Email completed application to either [@verizon.net](mailto:@verizon.net) or [@cox.net](mailto:@cox.net)

**Incomplete applications will not be considered.** Please take the time to include phone numbers, addresses, and all requested information. Information discovered to be falsified or omitted will result in an automatic denial. Understand that we have the right to verify any information on this application, including a property check. *Submission of this application does not guarantee that you will receive a cat. We retain the right to decline your adoption request at our discretion.*