



## ADOPTION APPLICATION

ANDY'S FRIENDS

P. O. Box 7303

Wilmington, DE 19803

302-478-2429

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**FAX TO:      302-478-9361      484-887-1624      484-732-2050**

This application obtained \_\_\_\_ Online \_\_\_\_ at the Adoption Center by \_\_\_\_\_  
(volunteer)

Name of Cat(s): \_\_\_\_\_ Date: \_\_\_\_\_

### **APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PRINT Email Address (required):** \_\_\_\_\_

**Please fill out this questionnaire completely.**

**Incomplete or illegible applications will not be considered. Home visits prior to adoption may be required for the best interest of the cat.**

### **PERSONAL INFORMATION**

1. Do you \_\_\_\_ Own Home \_\_\_\_ Rent \_\_\_\_ Live with Parents \_\_\_\_ Have a Roommate

Landlord's Name & Phone Number: \_\_\_\_\_

2. Are you a \_\_\_\_ Student \_\_\_\_ Active in the Military

3. Please list names and ages of members of your household including yourself:

\_\_\_\_\_  
\_\_\_\_\_

4. Does anyone in your household have a known allergy to animals? \_\_\_\_ Yes \_\_\_\_ No

5. Who will be the primary caregiver for the cat? \_\_\_\_\_

6. Have you previously adopted from us or any other agency/shelter? \_\_\_\_ Yes \_\_\_\_ No

7. Have you ever given away or returned a pet/animal for any reason? \_\_\_\_ Yes \_\_\_\_ No  
If so, what were the circumstances?

**ANIMAL CARE:**

1. Will you want your cat declawed? \_\_\_\_\_
2. Will the cat be spending its time \_\_\_\_ Inside \_\_\_\_ Outside \_\_\_\_ Both
3. How many hours per day will the cat be alone? \_\_\_\_\_
4. What provisions will be made for your cat when you are on vacation?  
\_\_\_\_\_
5. Are you willing and able to provide the full cost of the care for the cat, including routine or emergency medical care, food, grooming, toys, etc? \_\_\_\_ Yes \_\_\_\_ No
6. Are you prepared to make a commitment to your cat for the rest of its natural life (perhaps as long as 15-20 years)? \_\_\_\_ Yes \_\_\_\_ No
7. Are you willing to give this cat enough time to adapt to a new environment? \_\_\_\_ Yes \_\_\_\_ No
8. Why are you interested in this particular cat? \_\_\_\_\_  
\_\_\_\_\_

Please list all current pets - Name, breed, gender, age, how long have you owned.

Name	Breed	Years Owned	Indoor/Outdoor	Spayed/Neutered

**VETERINARY INFORMATION:**

Name of Veterinarian/Animal Hospital: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Name Records are under: \_\_\_\_\_

When was your last visit to the vet? \_\_\_\_\_ For what reason? \_\_\_\_\_

Are your animals all current on their vaccinations? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Don't know

Please list the pets you have owned in the past 10 years:

Name	Breed	Years Owned	Spayed/Neutered?	What happened to the pet?

Personal References: Please list **TWO (2)** other than family:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please note any additional information or thoughts you have regarding your application.

**STATEMENT OF UNDERSTANDING:**

**I understand the responsibilities that I am assuming by adopting this animal. I know that there may be unforeseen circumstances and expenses with the introduction of a new pet in my household.**

**I hereby give a representative of Andy's Friends, Inc., who is the guardian of this animal permission to contact my landlord, if applicable, and my veterinarian, to verify any of the information supplied in this application. I also agree to a Progress Check for Follow-up in the future, where a representative of the animal rescue organization may either call or email to inquire about the new pet or visit my home to verify my new pet's living conditions.**

**By signing below, I acknowledge that I understand everything I have read in this application and I have considered all of the questions truthfully. I further understand that Andy's Friends is considered the guardian of the animal in question and has the right, in its sole discretion, not to approve this application.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**FOR RESCUE USE ONLY**

Application received by: \_\_\_\_\_

Volunteer Comments: