

P.O. Box 7303 Wilmington, DE 19803 www.andysfriends.org e: info@andysfriends.org fax 302.338.8222

Thank you for your application!

Please note:

Incomplete or illegible applications will not be considered. You must be 21 years of age to adopt, and we do not adopt kittens under the age of 9 months to families with children under the age of 6.

Next steps:

After processing your application and checking your references, you will receive a notification email from <u>adoptions@andysfriends.org</u> informing you of our decision, usually within 1-2 days.

Please do not call the store where the cat is located with questions about your application/approval. Although our cats are featured within the store, Andy's Friends operates independently.

If your application is approved...

We will set up a mutually agreed upon time to finalize the adoption. At that time you will complete an adoption contract, receive your adopted pet's vaccination and microchip paperwork, and ask any questions you may have about introducing your new family member to your home! You must bring a carrier with you in order for us to release the cat to you. We accept cash and check for the adoption fee. Sorry, no credit cards.

If your application is approved but the cat you are interested in is no longer available...

We process applications in the order in which they were received, but we sometimes receive more than one application on the same cat. If the cat you wanted has already been adopted, we can keep your pre-approved application on file for 30 days in case another adoptable cat or kitten comes along to steal your heart.

If your application is not approved...

We hope that you understand that our goal is to determine the best situation for each cat in our care, and we will inform you as to why your application was not approved.

PLEASE FAX COMPLETED APPLICATION TO (302) 338-8222 Adoption Application

Name: Age: Relationship: Name: Age: Relationship:	Foster home: (Name of foster) odates from Andy's Friends Zip:) Cellular () Work w ID to volunteer
Name: Email:	(Name of foster) odates from Andy's Friends Zip:) Cellular () Work
Email: Check here if you would like to receive email news and up Street address: State: City: State: Contact phone number: () Home Occupation: Employer: Driver's License: # How did you hear about Andy's Friends? Personal Information: Do you: () Own home If renting, does your lease allow pets? () Yes How long have you lived at your current residence? Years Are you a student: () Yes () No Please list names and ages of all members of your household, Your Name: Name: Age: Relationship:	Diates from Andy's Friends Zip:) Cellular () Work
Check here if you would like to receive email news and up Street address: City: State: Contact phone number: () Home Occupation: Employer: Employer: Driver's License: #	Diates from Andy's Friends Zip:) Cellular () Work Diates () Work
Street address: State: City: State: Contact phone number: () Home Occupation: Employer: Driver's License: # How did you hear about Andy's Friends? Personal Information: Do you: () Own home If renting, does your lease allow pets? () Yes How long have you lived at your current residence? Years Are you a student: () Yes () No Are you a student: () Yes () No Name: Age: Relationship:	Zip:) Cellular () Work ow ID to volunteer
City: State: Contact phone number: () Home Occupation: Employer: Driver's License: # How did you hear about Andy's Friends? Personal Information: Do you: () Own home If renting, does your lease allow pets? () Yes How long have you lived at your current residence? Years Are you a student: () Yes Your Name: Age: Name: Age: Name: Age: Name: Age: Relationship: Name: Age: Name: Age: Relationship:	Zip:) Cellular () Work w ID to volunteer
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Driver's License: # State • Please sh How did you hear about Andy's Friends? • Personal Information: Do you: () Own home () Rent () Live with parents () L If renting, does your lease allow pets? () Yes () No Landlord's name and phone number: How long have you lived at your current residence? Years Are you a student: () Yes () No Are you an active member Please list names and ages of all members of your household, Your Name: Age: Relationship:	ow ID to volunteer
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Name:	
Why are you interested in adopting a cat?:	
Why did you choose this cat?:	
Who will be the primary caregiver for the cat?:	
What is your past/current experience with cats?:	
() None () Have had cats as an adult () Had cats as a chil	
Have you previously adopted from us or any other agency/shelter? If yes, from whom?	
Have you ever given away or returned a pet/animal for any reason?	d () Cared for friends' cats () Yes () No
If yes, what were the circumstances?	d () Cared for friends' cats () Yes () No

Purrsonality Survey My home is: () Hiahly active () Somewhat activ

() Highly active () Somewhat active () Somewhat quiet () Totally quiet
My cat needs to get along with (check all that apply):

() Cats
() Dogs
() Birds
() Kids
() Other

I want a "lap cat":

() Yes
() No
() Doesn't Matter

I want a "talkative" cat:

() Yes
() No
() Doesn't Matter

When I have company, I'd like it if my cat:

() Is social and hangs out () Says hello and then wanders

() Stays out of sight () Doesn't Matter

It's OK if my cat gets on the furniture:

() Yes () No () Doesn't Matter

I want my cat to sleep:

() In my bed	() In their own bed	() In the basement	() Doesn't Matter
How do you feel about a	a busy cat that gets into e	everything?	

() No thanks! I need a calmer kitty. () OK by me! () Sometimes, but there are limits.

Animal Care

Are you interested in declawing your cat? () Yes () No () Maybe Why or why not declaw?

Does anyone in your household have a known allergy to animals: () Yes () No

Are you willing and able to provide the full cost of the care of the cat, including routine and emergency medical care, food, grooming, toys. etc.? () Yes () No

Are you prepared to make a commitment to your cat for the rest of it's natural life (perhaps as long as 15-20 years)? () Yes () No

Are you willing to give this cat enough time to adapt to a new environment, realizing that it can take several weeks for adjustment and introductions to other pets? () Yes () No

References

Please list two personal references that are **not related to you**.

Name:	Phone number:
Name:	Phone number:

Please list ALL PETS owned in the LAST 10 YEARS, starting with current pets:

Name	Age		What happened to the pet?
	()	 	
	()	 	
	()	 	
	()	 	
	()	 	
	()	 	

Veterinary Information:

Name of veterinarian/animal hospital:	
Phone number:	Name the records are under:
When was your last visit to the vet?:	
For what reason?	
Are your animals current on their vaccinations	

Statement of Understanding

By submitting this application, 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 give Andy's Friends, Inc. 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 near future, where an adoption counselor will 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 answered all of the questions truthfully.

Printed name of applicant	Signature of applicant	Date
For Rescue Use Only		
Check that application is c	omplete	
Verify ID shown		
Volunteer name:		Date:
Comments & observations:		