



Noah's Ark Foundation
P.O. Box 7646
Woodbridge, VA 22195
Phone & Fax: (703) 831-4153
www.nafva.org

Date: _____ Name & Breed of Cat: _____

Cat / Kitten Adoption Application

Thank you for your interest in our pets. Please read the following information regarding our adoption guidelines and procedures. You will be asked to sign a legal contract when adopting your pet.

Please understand, we will not place a pet into a home if any of the following apply:

- The prospective home currently has an un-altered pet.
- The pet will be left outdoors unattended for any length of time.
- The pet is intended as a gift.

Once placed, Noah's Ark Foundation reserves the right to:

- Check on the pet any time to ensure its well-being.
- Remove the pet from the home if any conditions of the adoption contract have been violated or, if the environment is unsafe.
- At any time you find that you can not keep your pet, you must return it to Noah's Ark Foundation and NOT to any other individual or shelter.

This form and a consultation with an adoption counselor are designed to help you find the cat/kitten most compatible with your lifestyle. Completion of this application does not guarantee adoption of a cat or kitten. Please complete the following questions completely to the best of your knowledge. *In order to be considered as an adopter you must:*

- Be 18 years of age or older & have a valid Identification.
- Own your own home or have the knowledge and consent of your landlord.
- Be willing and able to provide the proper training & medical treatment necessary for the cat/kitten.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Answering Machine?: Yes No Work: _____

Cell: _____ Voice Mail?: Yes No E-Mail: _____

Occupation: _____ Employer: _____

Employer Address: _____

Number of Adults in Household: _____ # of Children: _____ Ages of Children: _____

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Are all the adults in the household aware that you are adopting a cat/kitten? _____

Who will have primary responsibility for this pet and state the age: _____

Does anyone in the household have pet allergies? _____

Who is / or will be your veterinarian?: _____

City / State: _____ Phone Number: _____

Why do you want a cat/kitten at this time?: _____
 Why did you choose this particular cat/kitten? _____

Do you own _____ or rent _____ your home? If you rent, please provide name and phone number of the landlord and state whether you have obtained permission to have a pet: _____
 RESIDENCE TYPE: Single Family _____ TH _____ Mobile _____ Apartment _____ Condo _____
 Is your yard fenced? Yes No If yes, Height/Type of Fence: _____

Are you looking for an inside cat? _____ Or an outside cat? _____
 How many hours a day will the cat/kitten be left alone? _____
 Where will the cat/kitten be kept when alone? _____
 If confined in a room, which room? _____ If crated, in which room? _____

Where will the cat/kitten be kept when you are home? _____
 Where will the cat/kitten sleep at night? _____

Is this your first cat/kitten?: _____

Please list the animals you currently have:

Type	Breed	Sex	Age	Spayed / Neutered	Current on Vaccinations	Kept where?

Please list the animals you have had in the past (*do not include family pets from childhood*):

Type	Breed	Sex	Age	Spayed / Neutered	Where is the animal now?	How long did you have it?

What Heartworm preventative have you given your cats? _____
 What Flea & Tick treatment have you given your cats? _____
 Have your cats been tested for Feline Leukemia? _____
 Have your cats been tested for FIV (Feline Immunodeficiency Virus)? _____
 Are your cats de-clawed? _____ If yes, on front paws or all four? _____
 If yes, was the procedure done at your request? _____ If yes, why? _____
 Or why did you choose a cat that was already de-clawed? _____
 Why would you consider de-clawing a cat? _____

Have you ever given away, sold or surrendered an animal? _____
If yes, what were the circumstances and to whom? _____

Will you have this animal spayed/neutered (if not already done): _____
Will you have annual veterinarian check-ups and maintain county regulations regarding licenses? _____

What method of training/discipline will you use? _____
How were your previous pets' trained/disciplined? _____
Some animals are either not litterbox trained, or when introduced to new surroundings, or when stressed, or as an attention getter, will have housetraining issues. Are you prepared to deal with this? _____
How long do you think it takes to train a cat/kitten? _____

When you go on vacation or travel, who will care for this cat/kitten? _____
If you move, what will happen to this pet? _____
Under what circumstances would you return this cat/kitten to us? _____
If you decide that you no longer want this pet, what will you do with it? _____

How much do you think it costs ANNUALLY to own a cat? _____
How much are you willing to spend on medical bills for this cat/kitten? _____
What would you do if it goes over this amount? _____
Do you realize that cats can have a life span of 12-16 years, and in some cases, over 20 years? _____
Are you willing to commit to this pet for it's entire lifetime? _____
What provisions will you make for the cat/kitten should you become unable to care for it? _____

Have you ever applied to adopt an animal from a Rescue Organization, SPCA, Animal Shelter or Humane Society before? _____
If yes, when? _____ Explain: _____
Are you willing to allow a representative of Noah's Ark Foundation to visit where the cat/kitten will be living? _____
How did you hear about us? _____

I certify that the information above is true and understand that false information will result in nullification of this adoption.

Prospective Adopter Signature: _____ Date: _____

Interviewer Approval: _____ Date: _____
Interviewer Approval: _____ Date: _____