



ADOPTION APPLICATION

Date: _____

Thank you for filling out this form completely and legibly. Please mail the completed application to us for processing along with the application fee. Faxed or incomplete applications cannot be processed.

Personal Information		
Applicant's First and Middle Name:	Applicant's Last Name:	Age:
Spouse or Significant Other's First Name:	Spouse or Significant Other's Last Name:	Age:
Address: <i>(Please list physical address as well as mailing address if different)</i>		
City:	State:	Zip Code:
Home Phone: <i>(Include area code)</i> () -	Work Phone: <i>(Include area code)</i> () -	
Home E-mail:	Work E-mail:	
Nearest Large City:	Cell phone: <i>(Include area code)</i> () -	Pager: <i>(Include area code)</i> () -
Driver's License Number <i>(Include State)</i>	Date of Birth	Are You a Legal U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vet Information:		
Please have your veterinarian fill out and sign the Vet Reference Form. This form may be faxed or mailed. We will not process an application without this form.		
Who is your veterinarian? <i>(please include vet's name, practice name, address, phone number and how long you have been a client. If you have been a client for less than 1 year, please list previous vet and their contact information as well.):</i>		

If you do not have a veterinarian we request that you locate one and provide a statement to that effect.		
Family Information:		
Please list all current members of your household, including their ages. <i>(Please include anyone who lives with you part of the year, even if they are not currently in the home. An example would be a roommate, child away at college or a child with shared custody. Please include any expected birth or adoption. Add them on an additional sheet if there is not enough room on this form.):</i>		
Name <i>(Include First and Last Name)</i>	Age	Relationship to Applicant
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Pets Currently Living in Household:					
Name	Age	Type/Breed	Sex	Spayed/ Neutered?	Owned How Long?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Are your dogs/cats up to date on vaccines?			Are your dogs/cats spayed/neutered?		
If not, why not, and which ones are not?					
Have All Cats At Home Been Tested for Feline Leukemia (FELV) and Feline Immunodeficiency Virus (FIV)? <input type="checkbox"/> Yes <input type="checkbox"/> No Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Do you have a copy of the test results or can they be obtained from your veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do your cats go outside? (please check all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Access to Pet Door <input type="checkbox"/> Free Roaming <input type="checkbox"/> In Fenced Yard With Supervision <input type="checkbox"/> In Fenced Yard Without Supervision <input type="checkbox"/> With Leash/Harness With Supervision <input type="checkbox"/> Other _____		
Home Information:					
Home Situation (Own/Rent): (If renting, attach letter from landlord indicating pets are allowed) <input type="checkbox"/> Own <input type="checkbox"/> Rent			If you rent, please list landlord's name, address and phone number here:		
Type of Domicile You Live In (Please check one below)			How many years at current residence:		
<input type="checkbox"/> House			Average number of hours a day someone is home:		
<input type="checkbox"/> Apartment					
<input type="checkbox"/> Condo/Townhouse					
<input type="checkbox"/> Mobile/RV in Park					
<input type="checkbox"/> Live With Friends or Relatives					
Previously Owned Pets					
(Please include all pets owned as an adult - age 18 to present. If you cannot remember specifics, please list what you remember.)					
Name	Breed/Type	Where Are They Now?	Additional Comments		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Have you ever had an animal get lost get stolen run away other _____

Please Explain: _____

Were you able to recover the animal? Yes No

Have you ever given up an animal before, and if so, why?

Are you concerned that someone in your household may have allergies to cats? Yes No
 Have you checked with your doctor Yes No Plan To

Have you had a cat die on your premises in the last 3 months of a contagious disease Yes No Not Sure
Feline Leukemia (FELV) FIP FIV Other _____

Have you ever moved with pets? Yes No
 Would you expect to take your pets with you if you move again Yes No Depends _____

Previous experience with cats:

Why do you want to rescue a cat/kitten, as opposed to getting one from a breeder or a pet store?

Why have you decided now is a good time to adopt?

Age desired:	Sex desired:	Color/Coat desired:
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Are you looking for a cat that is already declawed? Yes No Doesn't Matter Plan to have done later

Two References (Not Related):		
Name:	E-mail:	Phone: () -
Name:	E-mail:	Phone: () -

How did you hear about us?

Note: Please provide complete, accurate information. Email addresses for references may expedite processing of your application. Please inform your references that they will be contacted. Applications are processed as expeditiously as possible on a first in, first processed basis.

Understanding that a Rescue houses cats from unknown backgrounds, I assume the risks of being bitten, scratched, injured, or frightened by the cats and kittens in connection with my visits to any Rocky Mountain Siamese Rescue foster home. Rocky Mountain Siamese Rescue is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with my visits to a foster home.

Initial your approval here _____

I certify the above to be true and complete to the best of my knowledge.

Signature: _____

Date: _____

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Rocky Mountain Siamese Rescue, P.O. Box 336563, Greeley, CO 80633

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