

ADOPTION APPLICATION

Cat(s) interested in: _____

Your Name _____ Over 21 yrs.old? _____

Address _____ City/Zip _____

Phone Number _____ e-mail _____

First/Last name of other adults in the home _____

Employer/Income source _____

Veterinarian _____

Personal Reference (if no vet) _____

Number of people living in the home _____ Anyone allergic to cats? _____

Children's ages _____

Home: Own _____ Rent _____ House _____ Apartment/Mobile Home _____

Landlord's name and number _____

Pets: What, how many, their names _____

Have you adopted from ASAP before? _____ Who? _____

Who may we thank for referring you to us? _____

A non-refundable deposit is required to hold a cat for you. If you complete the adoption on the date agreed upon by you and us, the amount is deducted from the adoption fee. If your application is denied, you will be refunded the full amount paid. Adoption fees are due when you pick the cat up. You must bring a carrier before you can take a cat home.

The information I provide is true and I acknowledge that false information results in denial. By signing this application I am giving permission for the veterinary clinic to disclose my history to ASAP staff.

Signed _____ Date _____ Deposit _____

Signed shelter staff _____ Date _____

Mail to: AS/AP PO Box 101 Sparta, WI 54656 (608) 269-3525