



3016 Rolison Road
Redwood City, CA 94063
Tel: (650) 368-1365
Fax: (650) 368-1060

Cat: _____
Pd Date: _____
Amount Pd: _____
Method of Pmt: _____

Adoption Application

Name: _____ Date: _____
CA License #: _____ Date of Birth: _____
Address: _____ City, St, Zip: _____
Phone: _____ (work) _____ (Cell) _____
Email: _____

Housing: Own Rent Live with Parents (Circle one)
Type: House Condo Apartment Mobile Home (Circle one)

Landlord Name and Phone # _____ Landlord Approval **Yes No**

List other pets currently residing at the above address _____

Living Arrangements:

Cat will be kept: Indoor Only _____ Outdoors Only _____ Garage _____ Free Roam (In/Out) _____
How many hours are you away from home during the average weekday? _____ hours
Have you ever surrendered a pet to an animal shelter? If so, what was the reason? _____

Specifics:

Have you ever owned a cat before: _____ If so, which Vet did you use: _____
What happened to the cat? Deceased _____ Lost _____ Gave Away _____ Still have _____ Other _____
Have you ever surrendered a pet before? **Yes No** If yes, why? _____
What will you do with your cat if: you have to move? _____ go on vacation? _____
Do you plan on having your cat de-clawed? **Yes No Possibly**
Will you have annual veterinary check-ups for your cat? **Yes No**
How much money are you prepared to pay per month on your cat? (Food, supplies, vaccinations, boarding, emergencies etc.) \$ _____/month.
Are you prepared to work on possible problems? (Scratching furniture, inappropriate elimination, etc.) **Yes No**
What will you do if the new pet does not get along with present pets? _____
Is everyone in favor of a new addition? **Yes No** Anyone in household have allergies to cats? **Yes No**
IF your pet were to become injured or ill what would you do? _____
What would you do if treatment was expensive? _____

What do you consider acceptable reasons to give up a pet? _____

Please initial that you are aware that your cat may have been exposed to (or may have) an upper respiratory infection (or other illness) _____ .

How did you hear about us? _____

Our goal is to find permanent, secure and attentive homes for our rescued cats, and we know you want the best cat for your situation.

PLEASE READ CAREFULLY

1. I am willing to pay an adoption donation.
2. I am at least 18 years of age.
3. I understand that I am adopting a living animal and this is a lifetime commitment.
4. I understand that the Nine Lives Foundation will not adopt a cat to a home who intends to declaw.
5. This animal will be cared for and treated with love and respect. I agree to assume full responsibility for its well-being, including providing adequate and wholesome food, fresh water and shelter from the weather to provide for the continued health and well-being of the animal.
6. I understand that I will be personally required to provide, at my own expense, future vaccinations, de-worming, flea treatments and any other medical and veterinary treatment as necessary for the life and health of this cat.
7. I agree to abide by all city and county animal control ordinances, specifically any laws to prevent the animal from roaming and becoming a nuisance animal.
8. It is expressly understood that such animal is **NOT to be sold, traded, or given away for any purpose. It is not to be abandoned.** If I cannot provide for the animal any longer, I agree to return the animal to the Nine Lives Foundation.
9. All adoption applications will be reviewed throughly. The Nine Lives Foundation reserves the right to decline an application without releasing our reasons why. Further, the Nine Lives Foundation veterinarian reserves the right to refuse to adopt any animal for any reason, including the health of the animal. This approval process may take a few days.
10. Dependant on approval, there is an estimated 5 day turn around before our cat(s) may go home. It's not always that long but we are not able to offer an exact date at the time of adoption as our one on staff veterinarian, does the exit exams in between surgery and appointments.
11. I am in full agreement with the Nine Lives Foundation Terms of Adoption.

THE ABOVE IS A LEGAL AND BINDING CONTRACT. BY SIGNING BELOW, ADOPTER(S) AGREES TO COMPLY WITH EACH AND EVERY ONE OF THE CONDITIONS LISTED ABOVE.

Signature: _____

Date: _____

Date Adoption Trial Complete: _____
Processed by: _____