

Today's Date \_\_\_\_\_

Location Cat Found \_\_\_\_\_

Cat/cats you wish to adopt: Name: \_\_\_\_\_ # \_\_\_\_\_

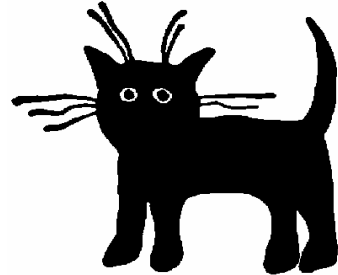
Cat/cats you wish to adopt: Name: \_\_\_\_\_ # \_\_\_\_\_

Please fill out the following form in order to assist us in serving you and to assure a successful adoption.

## ADOPTION AGREEMENT

To be considered for an adoption you must:

- Be at least 18 years of age.
- Present legal identification.
- Own your own home or verify that your landlord approves of this pet in your home.



ASAP reserves the right to verify home ownership.

ASAP reserves the right to approve or deny any adoption.

**Please circle YES or NO to the following questions and initial where appropriate:**

- Are you prepared to assume financial responsibility for your new cat or kitten? YES NO
- Have you considered the cost of food, litter, regular veterinary care and extraordinary veterinary care that may be required if your cat becomes ill? YES NO
- **Within two weeks of adoption**, in the event that the cat/kitten becomes ill or requires veterinary care, you may call ASAP and request assessment. Please refer to the back of your cat's vet record for instructions. **If the cat/kitten receives any treatment without ASAP Board approval, treatment and/or veterinary costs will not be reimbursed.**

**Adopter, do you understand the two week grace period policy and procedure for veterinary treatment and reimbursement following adoption? YES NO Please initial here: \_\_\_\_\_**

- Students and others sharing living arrangements may be transitory. Remember you are taking on a long-term commitment that may last twenty years. **What will happen to the cat if you move?**

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- **Kittens** must be kept strictly indoors until they are a minimum of six months old. **If you have chosen a kitten, do you agree to keep it indoors until it is at least six months of age? YES NO**
  - **Cats** require time to become familiar with new surroundings and realize they live with you. **If you have chosen a cat, do you agree to keep it confined indoors for a minimum of two weeks following adoption? YES NO**
  - All cats benefit from being indoor animals but some cats **must** be kept indoors. Certain physical features such as white ears and/or noses require remaining out of the sun because of the danger of cancer. A declawed cat must be indoors only.

**Will your new family member be an indoor only cat? YES NO**

**Volunteer, initial if the cat must be indoor only: \_\_\_\_\_**

**Adopter, do you understand the requirement and agree to keep your pet as an indoor only cat?**

**YES NO Please initial here: \_\_\_\_\_**

- The primary reason for keeping a cat indoors at night is the presence of coyotes throughout our community. **If your cat is to be an indoor-outdoor cat, do you agree to bring it indoors each night before sundown and completely confine it until after sunrise? YES NO**
- Does anyone in your household suffer from allergies? YES NO
- Will a cat in the household be detrimental to the health of the allergy sufferer? YES NO
- **What will you do to provide a healthy and safe alternative for the individual and the cat if allergies present a problem? \_\_\_\_\_**

Please complete back of form

Today's Date \_\_\_\_\_ Location Cat Found \_\_\_\_\_

Are there children in the household? \_\_\_\_\_ What ages? \_\_\_\_\_

Number of adults: \_\_\_\_\_ How many other pets are there in the household? \_\_\_\_\_

Cats: \_\_\_\_\_ Dogs/Breed: \_\_\_\_\_ Birds: \_\_\_\_\_ Others: \_\_\_\_\_

Where/how did you hear about ASAP? \_\_\_\_\_

Adopter's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence (if different from above): \_\_\_\_\_

**A post office box is not sufficient. The address of the residence that will house the animal is mandatory.**

Driver's license: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Please present driver's license**

Do you own your residence? \_\_\_\_\_ Do you rent your residence? \_\_\_\_\_

**If you do not own your residence you will be asked to provide verification of your landlord's approval for pet ownership.**

**ASAP and the County of Santa Barbara reserve the right to refuse adoption to any applicant who does not agree to the minimum standards of care outlined on the front of this agreement, or does not qualify for reasons of residence or other requirements.**

**A cat/kitten is not to be given as a gift. The person completing the adoption agreement is to be the caregiver of the adopted pet at the address stated on the agreement.**

**I certify that the preceding information is true and accurate.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Thank you for your cooperation. Please keep in touch. ASAP volunteers enjoy learning about our feline alumni.

**Verification of landlord approval (To be filled out by the adopting ASAP volunteer):**

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Phone #: \_\_\_\_\_

Method of approval for the above information and adoption: \_\_\_\_\_

Volunteer Comments: \_\_\_\_\_

Volunteer Initials: \_\_\_\_\_