

# Black and Orange Cat Foundation

P.O. Box 126, Plain City, OH 43064

614-873-0880, ext. 209

E-mail: bandocats@columbus.rr.com

Website: www.bandocats.org

## Adoption Application

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Home Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Are you a student? \_\_\_\_\_ School: \_\_\_\_\_

How many people currently reside in your household?: \_\_\_\_\_

Number and ages of children in household: \_\_\_\_\_

Does any member of the family have any allergies to animals? Yes ( ) No ( )

Number of companion animals in household: \_\_\_\_\_ Describe those companion animals you care for in your household:

Name	Breed	Age	Kept where	Time in your care

Are your companion animals spayed or neutered? \_\_\_\_\_

Have all other cats in your home tested negative for FELV and FIV? \_\_\_\_\_

If you do not have companion animals now, have you had any in the past? \_\_\_\_\_

When? \_\_\_\_\_ What happened to them? \_\_\_\_\_

Veterinarian name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are your companion animals current on their vaccinations? Yes ( ) No ( )

Are you financially able and willing to provide annual checkups, vaccinations, and ANY medical care necessary? Yes ( ) No ( )

Reference name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relative name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you rent? \_\_\_\_\_ Own? \_\_\_\_\_ Live with parents? \_\_\_\_\_

Is it a condo, house, apartment or mobile home? \_\_\_\_\_

Landlord/parent name, if applicable: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of apartment complex: \_\_\_\_\_

How long have you lived in current residence?: \_\_\_\_\_

If you move, what will you do with the cat? \_\_\_\_\_

Have you ever adopted a pet from a rescue group or humane society? \_\_\_\_\_

When? \_\_\_\_\_ Have you ever had an application rejected for adoption of an animal from a rescue/animal control facility? Yes ( ) No ( ) If yes, please explain:

Why do you want to adopt a cat? \_\_\_\_\_

Do you intend to declaw\* this cat? \_\_\_\_\_

***\*Black and Orange Cat Foundation does not endorse or support declawing of cats, and will not pay for or ask our veterinarians to perform this surgery. We strongly encourage adopters to learn about the realities of declawing before subjecting them to this surgery. For more information please visit [www.declawing.com](http://www.declawing.com)***

Will this cat be an indoor or outdoor pet? \_\_\_\_\_

Do you understand that:

- Cats require time to adjust to your home and family?
- Cats may chew or eat items in your house and/or scratch your furniture?
- Cats may exhibit inappropriate litter box or marking behaviors?

What steps would you take to correct these behaviors?

\_\_\_\_\_  
\_\_\_\_\_

What precautions would you take to properly introduce a new cat into your home if you have other animals? \_\_\_\_\_

What will you do if your new cat does not get along with your present companion animals? \_\_\_\_\_

Would you allow us to make a follow-up visit or call? \_\_\_\_\_  
When is the best time to reach you at home? \_\_\_\_\_

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**All cats placed by Black and Orange Cat Foundation are neutered or spayed and are current on shots. Adoption fee is \$75 and is nonrefundable.**

- I understand that Black and Orange Cat Foundation reserves final judgment on adoption applications in order to match cats with the best homes. I further understand that this application is subject to verification and may be denied. By signing this I give representatives of Black and Orange Cat Foundation permission to contact my references, veterinarian, and landlord/rental agency to verify contents of this application.
- I confirm that all of the information that I have provided in this application is true to the best of my knowledge. I understand that providing false information on this application will be grounds for denial of the application.
- I agree that, in the event this adoption is not successful for my family or the adopted cat within a month, I will return the cat to Black and Orange Cat Foundation and not surrender it to another agency. If events arise that prevent me from keeping the cat after a month has passed, I agree to work with Black and Orange Cat Foundation to either find another home for the cat or work the cat back into their care as space allows. I will not surrender the cat to another agency, but will work with Black and Orange Cat Foundation to successfully place the cat in a safe situation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**For Black and Orange Cat Foundation Use:**

Cat(s) Name(s): \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ (reason)

Adoption Representative: \_\_\_\_\_ Date: \_\_\_\_\_