



KLASSY KATS OF BUTTS COUNTY CORP

Cat Adoption Application

PERSONAL INFORMATION REQUIRED		ALL INFORMATION IS REQUIRED ON THIS DOCUMENT	
Applicant Full Name (and nickname)		Age:	
Co-Applicant Full Name (and nickname)		Age:	
Physical Address			
City, State, Zip Code			
Mailing Address if different than physical			
County			
Drivers License Number and State			
Home Phone Number			
Phone Numbers - Home/Cell. Best Time to Call.			
Cell Phone (Applicant and Co-Applicant)			
Email Address			
Your Employer			
Your Occupation and Job Title			
How long at current job?			
Name, phone number, relationship and address for an Emergency Contact:			
YOU AND YOUR HOME:			
Who will be your new cats primary care giver?			
Are all members of the household in agreement to adopting a new cat?			
Are you or any member of your household allergic to cats?			
Have you or members of your household ever been tested for cat allergies? If you are do you take medication to control your allergies or are you willing to do so?			
List All Family Members in Household (Name and Relationship)	Age	List Any Medical or Allergy Conditions in Family Members	

Do you own or rent your home, and what type of home is it (single family home, condo, apartment, etc.)? We do verify tax records.	
If you rent, who's name is on the lease (pet approval is verified)	
If rent, please provide Landlords name, phone number, and pet deposit's paid:	
How many times have you moved in the last 5 years?	
If your present living situation/relationship were to change, and you are no longer able to care for your new cat I will IMMEDIATELY contact Klassy Kats of Butts County.	

Do you agree (yes or no):

CURRENT AND PREVIOUS PETS

Have you had pets in the past? If so, please list them information about them.					
Where are your previous pets now, or what happened to them?					
Have you ever given up a pet? If so, please explain.					
Your Current Pets (if additional space needed please add at bottom of app)	Age	Species/Breed (if cat list indoor/outdoor, etc.)	Gender	Spayed or Neutered (Yes or No)	Vaccine Due Dates
Do all of your personal pets get along?					
If you have other cats, do they go outside?		Are your cats declawed? (Y/N)?			
Veterinarian Name					
**** Please call your vet upon submission of this application in order to release information to Klassy Kats for reference					
Pet(s) Name(s) for Reference					
Veterinarian Address					
Veterinarian Phone Number					

ADDITIONAL INFORMATION

Name of cat(s) you are requesting to adopt:	
Are you working with or have you adopted from any other rescue groups? If yes, name of organization, and pet(s) you have or are trying to adopt from them.	
Have you been denied adoption or returned any pets to any other rescue groups? If so, name of organization, pets names returned, and date of return.	
What type of personality or traits are you looking for in your new cat?	
Do your current pets live indoors or outdoors? If indoor/outdoor, do you have a pet door?	
Are any of your current cats declawed?	
Do you plan to declaw a new cat?	
What kind of flea prevention do you use?	
How often will you take your new cat to the vet?	
Are you able to make a long term commitment to your new cat (their lifespan can be as long as 15-18 years on average)?	

PLEASE READ AND INITIAL EACH STATEMENT BELOW:

By initialing the "I understand" or the "I agree" checkbox beside each question or statement below, you are agreeing to the terms of this adoption, and this contract becomes binding in the terms and conditions below:

All adoptees are rescued cats/kittens usually from Butts County Animal Control, or on occasion surrendered to Klassy Kats of Butts County. Klassy Kats of Butts County works towards socialization to the best of our ability of all adoptable pet cats. Any cats or kittens that exhibit unacceptable, aggressive or harmful behavior are pulled and adopted through our Barn Kitty Program as such when the behavior is exhibited under the care of Klassy Kats of Butts County. I understand and agree that neither Klassy Kats of Butts County Corp, nor any person or entity associated with, or working with, or on behalf of , or is an agent of Klassy Kats of Butts County Corp, is liable for any injury(s), illness or damages that may result from my/our adoption of any cat or kitten.

I agree: ☐I DO NOT agree: ☐

I also understand and agree that every effort has been made to insure the cat/kitten is healthy and all available medical information will be provided at the time of final adoption. I further understand that it will be my responsibility to have a thorough examination given to my new cat(s) by my licenced veterinarian within 15 days of adopting my new cat(s).

I agree: ☐I DO NOT agree: ☐

Cats/kittens will be spayed or neutered, and receive age appropriate vaccines prior to adoption.

I understand: ☐I DO NOT understand: ☐

Klassy Kats of Butts County Corp is not responsible for future medical needs including but not limited to routine vaccinations, internal parasites, fleas, ticks, ringworm, or upper respiratory infections, or other medical problems.

I understand: ☐

I DO NOT understand: ☐

I understand and agree that surgical removal of the adopted cat/kitten's toes or "DE-CLAWING" IS NOT PERMITTED and I agree that the adopted cat/kitten will NOT BE DE-CLAWED after adoption from Klassy Kats of Butts County Corp.

I agree: ☐

I DO NOT agree: ☐

Both the Applicant, and Co-Applicant are in agreement (if applicable) are in agreement, are 21 years of age or older, and understand the adoption process in accordance with Klassy Kats of Butts County adoption policies:

I agree: ☐

I DO NOT agree: ☐

I understand and agree to, if for any reason at all, I have to give up the cat that I am adopting, I am to notify Klassy Kats of Butts County to relinquish the cat back into their care immediately.

I agree: ☐

I DO NOT agree: ☐

I understand and agree that I assume full responsibility for the welfare of this cat from the date of adoption, and will sign the adoption agreement at the time of adoption is finalized.

I agree: ☐

I DO NOT agree: ☐

I understand that it could take 2-3 weeks for my new cat(s) to be acclimated to a new home and family members, and I am willing to provide them that time, space, and patience to adjust. I understand that personality and specific needs of the cat/kitten(s) I am interested in will be discussed during the Meet and Greet, and am willing to follow the guidance given by Klassy Kats at the time the adoption regarding the cat(s) needs that I adopt.

I agree: ☐

I DO NOT agree: ☐

I understand and agree that falsely answering questions or providing inaccurate information on this adoption application is grounds for immediate denial of my application.

I agree: ☐

I DO NOT agree: ☐

Klassy Kats of Butts County Corp reserves the right to refuse ANY applicant.

Signature

Date

Printed Name