



S.O.S.C.A.T.

Sutherlin-Oakland Stray Cat Action Team



IMAGINE all the kitties finding forever homes.™

Sutherlin-Oakland Stray Cat Action Team

Cat Adoption Application

{A non-profit 501 (c) (3) Organization}

Thanks for your interest in one or more of our cats. Our goal is to place each cat in a permanent, loving, and responsible home. By thoroughly answering the following questions, you will be helping us make the best possible match for you, your lifestyle, and for the cat.

Be assured that your information will be treated in a confidential manner. Please keep in mind that submission of the application does not automatically guarantee a placement; it's the first step in the process. An incomplete application will greatly slow down the process, and one with misrepresentation will be grounds for refusal.

Adoption fee is \$55 for one kitten/cat, \$100 for two kittens/cats adopted to same household. This includes spay/neuter, FVRCP vaccinations, Rabies vaccination, worming, flea and ear mite Treatments. We do not usually test for diseases such as Feline Leukemia or FIV (Feline Aids), so we recommend that you have your newly adopted cat/kitten tested at your veterinarian soon after the adoption. For your convenience you will receive information regarding your newly adopted cat's known medical history at the time of placement.

If you have questions, please call 541-581-0381. After completing the adoption application, please sign and mail it to SOSCAT, PO Box 354, Oakland, OR 97462.

Personal Information: (please print)

Today's date: _____

Your name: _____ Spouse name: _____

Physical address: _____

Mailing Address if different: _____

City: _____ State: _____ Zip: _____ County: _____

List all your Phone #'s _____

Email Address: _____

Your date of Birth: ____/____/____ Spouse's date of Birth: ____/____/____

Place of employment/source of income: _____

What hours/days do you work: _____

What hours/days your spouse works: _____

How much time will the cat spend alone each day? _____

Does anyone in your family have pet allergies? _____

If yes, please explain: _____

Please list the names and ages of all people residing in your household:

Name	Age

Describe the cat(s) you are interested in adopting: (Name, color, male or female)

How much money do you expect to spend each month for the veterinary care, food, toys, etc. for your new cat/kitten? \$ _____

Please tell us a little about yourself, why you want this cat, and why you feel you could provide a good home for a cat: _____

Your home & yard:

Do you live in a house, apartment, mobile home, condo, etc? _____ Do you own or rent your home and property? Own _____ Rent _____

If you rent, does your rental agreement permit pets? Yes _____ No _____

It is important you know that we will be contacting your Landlord.

Name of Landlord: _____

Phone # of Landlord: _____

How long have you lived there? Yrs. _____ Mths. _____

What type of area do you live in? City _____ Suburb _____ Rural _____

Does anyone in your household smoke? Yes _____ No _____

Where will the cat's litter box be kept? _____

Where will the cat spend its time alone? (Please be specific.) _____

Where will the cat sleep at night? (Please be specific.) _____

Will the cat be: Indoor _____ Outdoor _____ Indoor & outdoor _____

Do you plan to have the cat declawed? Yes _____ No _____

Care & training of the cat:

When you go out-of-town, where will your cat go and who will care for it? _____

If you move, what will you do with your cat? _____

If your cat becomes ill or injured, what is the maximum amount you are willing to spend for its veterinary care? \$ _____

How long do you think a cat should be given to adjust to its new home? _____

Please tell us what other pets you have now:

Name	Type of animal	Age	Sex	Spayed/ Neutered	On flea meds	Vaccinations up to date	In-door	Out-Door

Please tell us what other pets you have owned in the last ten years that you no longer have:

Name	Type of animal	Sex	Spayed/ Neutered	Indoor or Outdoor	What happened to this pet? Be specific.

Veterinary Hospital/ Dr's name: _____

Veterinary Hospital/ Dr's phone: _____

Please contact your veterinarian and let them know we will be calling.

Will you give SOSCAT permission to call your veterinarian to ask how you take care of your pets. Yes _____ No _____ If no, why? _____

If you do not currently have a cat, how long since you had one? _____

Have you ever gotten rid of any pets? Yes _____ No _____ If yes, where did you take them? _____

Please answer the following questions briefly:

How often should your cat have booster vaccinations? _____

How often should your cat be vet checked? _____

If something should happen to you, who would be responsible for taking care of your cat/kitten and/or returning them to us if necessary? _____

Do you have provisions for you pets in your will? _____

Personal References:

Please list three (3) non-relatives who have know you for at least 2 years.

Name: _____

Phone #'s _____

Name: _____

Phone #'s _____

Name: _____

Phone #'s _____

Other information:

Have you ever applied to adopt a cat from us before? Yes _____ No _____

If yes, which cat and when? _____

Will you allow an SOSCAT representative to make an initial visit of your home and follow-up calls? Yes _____ No _____

If SOSCAT learns that you are not meeting our standards of care for the cat/kitten you are adopting, you are required to return the cat to us immediately. I agree _____
I disagree _____

By signing this adoption contract, you are agreeing to return your cat/kitten to SOSCAT if you can no longer keep it. I agree _____ I disagree _____
We will always take back a cat/kitten no matter what the reason.

I hereby affirm that all of the above information is true and correct. I understand that submission of this application does not necessarily mean that I will be approved to adopt and that you reserve the right to reject any applicant. I authorize you to verify any and all information set forth in this application and to contact any personal references.

(Without your signature we cannot process this application.)

Signature: _____

Date: _____

Please return to: SOSCAT, PO Box 354, Oakland, OR 97462.