PERRY COUNTY ANIMAL RESCUE, Inc.
379 Sugar Run Road, Millerstown, PA 17062
(717) 589-3005
perrycountyanimalrescue@yahoo.com

Cat Adoption Application

The goal of Perry County Animal Rescue is to find accepting, permanent homes for the animals we rescue. The information on this form will help us to be certain that we are placing the right animal with the right family.

The Perry County Animal Rescue reserves the right to refuse adoption to anyone at any time. Please complete this application in full. Incomplete applications will be returned to the applicant.

Adoption fee for cats $125.00
Adoption fee for kittens: $150.00 with a $25.00 refund once spayed or neutered. Spay/neuter must be done when the kitten reaches 6 months. Refund provided after a copy of the spay/neuter is mailed to us. **Fees applicable unless otherwise stated.**

Today's Date:		
Name of animal to adopt:	Description:	
Your Name:	Co-Applicant:	
Address:	Address Line 2:	
City:	State:	Zip:
Daytime Phone:	Evening Phone:	
Email:		
Place of employment:		
Location:	Employment phone:	

Do you rent or own your home? Rent ☐ Own ☐ If you rent, please provide property manager contact information

Property manager name: Property manager phone:

Please list all of the members of your household date of birth, including yourself. Given names including middle initials.

1.	DOB	2.	DOB
3.	DOB	4.	DOB

5.	DOB	6.	DOB

Please list your current pets and their health status:

NAME OF PET	SPECIES OF PET	AGE OF PET	SPAYED or NEUTERED?	VACCINATIONS UP TO DATE?

Please provide the following information about all the pets you have owned in the past 5 years of your adult life, who are no longer with you:

PET'S NAME	WHY IS PET NO LONGER WITH YOU? IF DECEASED, PLEASE BRIEFLY EXPLAIN CAUSE

Does everyone in your household agree that you should adopt this animal at this time? Yes ☐ No ☐

If no, why not?

Does anyone in your household have allergies to cats? Yes ☐ No ☐

If so, whom?

Is this pet a gift for a family member or friend? Yes ☐ No ☐

If so, who?

Are you prepared to give this pet as much time as needed to settle in and become a part of your family? Yes ☐ No ☐

Who is your current or past veterinarian, which will have your record for previous/current pets? **PLEASE inform them we will be calling to eliminate delays in processing your application.**

Veterinarian Name:	
Veterinarian Location:	Veterinarian Phone:

May we contact your veterinarian as a reference, and in the future, to assure this animal's health? Yes ☐ No ☐

Will you be having this cat/kitten declawed? Yes ☐ No ☐

Will the cat be housed indoors and/or outdoors? Indoors ☐ Outdoors ☐ Both ☐

Will it be allowed on your furniture, or in your bed? Yes ☐ No ☐

Who will care for the cat when you are away for long periods (vacations, etc.)?

Are you aware that there is treatment for fleas and ticks? Yes ☐ No ☐

If yes, what products will you use to keep your cat healthy and free of parasites?

Are you prepared for the average monthly cost of owning a cat? Yes ☐ No ☐

Please list three references (one family member only) that we may contact to discuss your animal care experience and dedication with:

Reference Name	**Phone**

Finally, are you prepared to love and care for this animal for its full life expectancy? Yes ☐ No ☐

By signing this application, if the unfortunate circumstance would arise that you can no longer care for the animal you have agreed to adopt, said animal must be returned to Perry County Animal Rescue. No surrender fee will be charged nor will a refund of any kind be given. This animal may under no circumstances be given or sold to another party. Further, your signature allows Perry County Animal Rescue to visit your home semi-annually for at least the first two years after adopting the animal to ensure said animal is receiving proper care. PLEASE NOTE: Age, breed, training, temperament, health, etc. are documented to the best of the Rescue's knowledge and there are no guarantees. Be aware that you and all adults in the household may be subject to a background check. By submitting this form you confirm your electronic signature is accepted and that the act of signing electronically accepts this.

Signature: Date:

Signature of authorized PCoAR Representative: Date:

THANK YOU FOR YOUR APPLICATION. WE WILL REVIEW IT AND RESPOND TO YOU AS QUICKLY AS POSSIBLE. PLEASE NOTE, THIS IS AN APPLICATION ONLY. IT DOES NOT GUARANTEE THAT YOU WILL GET THE ANIMAL YOU APPLIED FOR.