

If you presently have DOGS, please complete:

Dog's Name	Breed	Age	Gender	Spayed/ neutered?	Current on vaccines?

If you have **previously** had companion animals, please complete:

Name	Breed	Years owned	What happened?

Name of your veterinarian _____ City/Town _____

Have you ever turned a pet into a shelter? _____ If yes, explain _____

When you go on vacation/travel, who will care for the cat? _____

How much are you willing to spend on medical bills for your cat? _____ What would you do if the bills go over this amount?

Are you ready to take responsibility for this cat for the next 15-20 years? _____

What provisions will you make for the cat should you become unable to care for it? _____

Have you previously applied to adopt a dog or cat from LDCRF? _____ If yes, when? _____ Explain: _____

Have you ever relinquished or returned a dog or cat to LDCRF? _____ If yes, when? _____ Explain: _____

Are you willing to have a representative of LDCRF visit where the cat will be living? _____

I certify that the information above is true and understand that false information will result in nullification of this adoption.

Prospective Adopter Signature: _____ Date: _____

INTERVIEWERS, Please initial that you have discussed the following topics: flea/tick prevention vaccines exercise needs
return policy fees medical records/ future expenses litterbox issues scratching needs

Interviewer Approval: _____ Date: _____

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