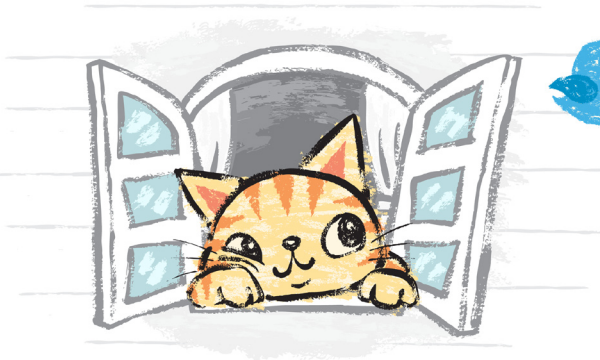
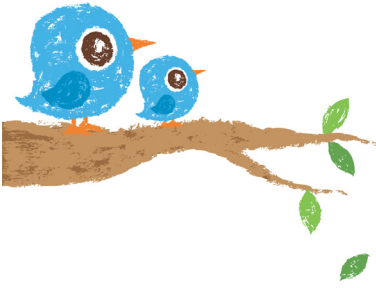


Animal Sanctuary & Care Society



www.ascscats.org

Name: _____ Email: _____

Street Address: _____ Home Phone: _____

City & Zip Code: _____ Work Phone: _____

Housing: Own/Rent _____ If you rent, does your landlord allow pets? Y/N _____ How Many? _____ Phone: _____

What would you do with your pet if you moved? _____

Name of friend/relative who does not live with you: _____ Phone: _____

Name of your veterinarian: _____ Phone: _____

How many adults live in your household? _____ Children: _____ Ages: _____ Allergies? _____

What would you do if a family member becomes allergic to your cat? _____

Who will be responsible for the cat's care? _____

Current Pets: Please include all pets.

Type of Pet:	Age:	Sex:	Spayed/Neutered:	Kept:	How long owned?
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1. _____		M/F	S/N	Inside/Outside	_____
----------	--	-----	-----	----------------	-------

2. _____		M/F	S/N	Inside/Outside	_____
----------	--	-----	-----	----------------	-------

List on reverse if more than 2 pets.

Have your current cats been tested for Leukemia? Y/N _____ Are they current on vaccinations? Y/N _____

Reason for wanting cat: _____

Age of cat/kitten preferred: _____ Number of cats/kittens: _____ M: _____ F: _____ Type: _____

Would you declaw cat? Y/N _____ If so, for what reason? _____

Length of time during day that cat would be left alone: _____

If away for several or more days, who would care for your cat? _____

Would this cat be: Indoor/Outdoor/Both _____ Where at night? _____

What would you consider an acceptable reason for giving up a cat? _____

Cats may live 18 years or more. Are you prepared to take responsibility for your pet's entire life? Y/N _____

How will you provide for your pet if he/she outlives you? _____

Have you ever given a pet to an animal shelter? Y/N _____ Reason: _____

I authorize the release of the veterinary records of any cats that I own to have owned to ASCS. I certify that all information provided in this application is true and I understand that false information may void the application.

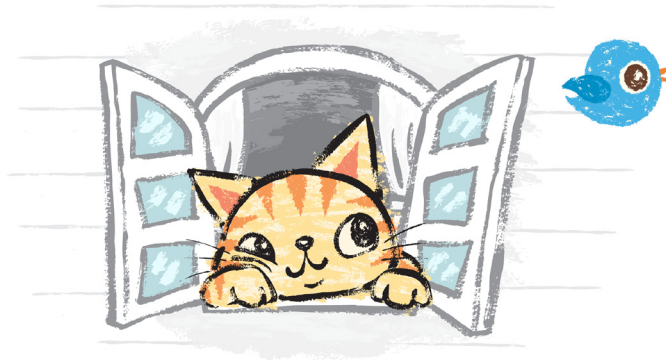
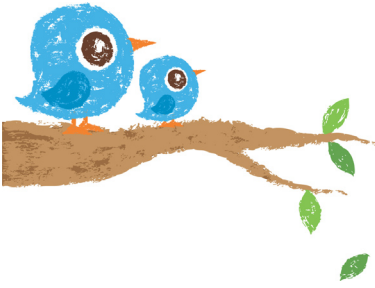
Signature: _____

Date: _____

Please return Application to:

ASCS c/o Debbie Edge
124 Crescent Road
Corte Madera, CA 94965
Phone: 415-548-0824

Animal Sanctuary & Care Society



www.ascscats.org

Congratulations on adopting a new kitty!!!

_____ I acknowledge and agree ASCS tries very hard to match me and my family with the right cat. Sometimes the temperament of the animal in a new living situation is not what it was in a foster situation. ASCS can not guarantee that his/her personality will not change or develop as my new kitty adjusts.

_____ I understand that adopting this cat is a commitment for its lifetime, perhaps 15-20 years.

_____ If for any reason I feel this is not the cat for me, or I can no longer keep this cat, I agree to return him/her to ASCS.

_____ I will provide a safe and loving environment for my cat, which includes proper shelter, good nutrition, and fresh water.

_____ I agree to register the microchip information with the appropriate company. I will provide all the necessary vaccinations and booster shots required for good health. In the event of an injury/illness, I will take my cat to a qualified veterinarian for treatment. ASCS recommends that I introduce my new cat to my veterinarian soon after adopting to establish a relationship.

_____ I will not de-claw my cat.

_____ If I have other animals in the house, I agree to introduce them to my cat appropriately.

_____ I agree that I have adopted this cat as an "indoor only" cat.

_____ I agree that I have adopted this cat as an "indoor/outdoor" cat. He/she is to remain indoors for the first 30 days. He/she will always be kept indoors at night.

Name: _____

Address: _____

Phone: _____

Cat Name: _____

As the new legal guardian of the cat I am adopting today, I assume all responsibility for the actions and health of him/her. I release ASCS and all of the representatives from any financial or legal obligations from this date forward.

Signature: _____

Date: _____

Please return Agreement to:

ASCS c/o Debbie Edge
124 Crescent Road
Corte Madera, CA 94965
Phone: 415-548-0824