



Cat Adoption Application

1-269-340-0330

snapofmichigan@gmail.com

Fax 1-888-355-3288

Tax ID# 32-0437762

Interested in adopting: _____ Date _____

Adopter's Information:

Name _____

Co Adopters Name _____

Address _____

City _____ State _____ Zip code _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you at least 18 years old? () Yes () No

Who will be the primary caregiver of the new pet? Name of person _____

3 Personal References: (only 1 relative) with phone numbers and what your relationship is.

1.

2.

3.

****Please call your vet and references to let them know we will be contacting them.**

Is this animal intended to be a gift? () Yes () No

Number of Children in household _____ Ages _____

How many animals have you had in the last 5 years? _____

If not with you where are they? _____

****Is this your first pet? () No continue with application () Yes skip to page 2.

Please list current or intended veterinarian with name & phone number. _____

How many pets do you have now? Dogs ___ Cats ___ Other _____

Are all current pets spayed/neutered? Yes () No ()

If Not Spayed/Neutered why not _____

Are all current pets up to date on vaccinations? Yes () No ()

Name of person on the veterinary account _____

What are the pet names on the account? _____

****Please call your vet and references to let them know we will be contacting them.**

Have you ever adopted from another rescue group/shelter? Who? _____

Have you ever been denied by another rescue group/shelter? Why? _____

Have you ever surrendered a pet before? Yes () No () Why & When? _____

Have any of your pets ever run away? Yes () No () If yes, what did you do? _____

I understand it is SNAP of MI policy to adopt to homes where existing pets are spayed or neutered & up to date on vaccinations. () YES () NO

Do you rent or own your home? Confirmed thru assessor records _____

If renting we need landlord's name and number _____

Do you live with a parent, relative, friend? If so we need their name and phone number _____

Do you know of any pet restrictions? _____

If you ever need to move, what do you plan on doing with your animals? _____

How many hours a day would the pet be alone? _____

Do you plan on keeping your pet () indoor () outdoor () both

Are you and your family prepared for possible chewing, clawing, scratching, litter training, (etc)? () Yes () No

Are there any conditions in which you would surrender your pet, for example, Allergies, Trouble Litter Training, Cries too much, chews on things, unruly behavior, or bites someone? Other please explain.

How much money are you willing to spend annually on vet care? _____

What are your thoughts on "declawing" or "claw caps"? _____

What is your plan for vacations/emergencies/ or your untimely demise for the care of the animal? Do you have a back up plan? If so what is the plan? _____

Are you willing to give the pet some time to adjust to the new home? This may take up to 3 - 4 weeks. () YES () NO

SNAP of MI does everything to ensure an animal is healthy but normally their background is unknown. Are you able to provide extra care if a problem arises? () YES () NO

Signature _____ Date _____

Co Adopter _____ Date _____

****Please call your vet and references to let them know we will be contacting them.**