



P.O. Box 609
Atco , NJ 08004
(856) 753-9115
Fax (856) 753-8579
Non Profit # 223-576-972

Adoption Application

Instructions: Please fill out this form completely. All information provided by this application and your interview will assist us in finding the best suited match for both you and our cats. Please allow at least three business days for a response.

To be considered as an adopter, you must:

- a. ***If you have other cats in your household you must show proof that they have been tested for Feline Leukemia and FIV. If they have not been tested you MUST have them tested and provide proof of negative results. ***
- B. *Be 21 years of age or older.*
- c. *Show proof of current address.*
- d. *Have the knowledge and consent of your landlord, if any.*
- e. *Accept that all cost, care and humane treatment is a lifelong commitment, nothing less.*
- f. *Sign an adoption contract upon placement of an animal from Jersey State Animal Rescue*

The animals available for adoption from Jersey State Animal Rescue come from a variety of sources. All of our animals are examined, treated, and monitored by licensed veterinarians while under our care. Our adoption fee includes all up to date vaccinations, exams, deworming, Felv and FIV testing, and are spayed or neutered.

Please Print Legibly

1. Name _____ Home Phone _____ Cell _____
2. Address _____ City _____ State _____ Zip _____
3. DOB _____ Email _____ Occupation/hours _____
4. Name of live in spouse/roommate/ partner _____
5. Do you own or rent your home? (Circle one) How long? _____ If renting, are pets allowed? _____
Name, address and phone # of your landlord _____
6. Do you have children living in your home? ____ List ages (1)____ (2)____ (3)____ (4)____ (5)____
7. Is everyone in the household aware of this adoption? Do they approve? _____
8. Is anyone in the household allergic to cats? _____ Is shedding a problem? _____

9. Have you owned pets before? _____ List any and all pets currently living in your home:
 Dogs: Breed and ages _____
 Cats: Breed and ages _____
 Are they declawed? _____
10. Do any of your pets have behavior, health of dominance related issues? _____
 If so please explain _____
11. Are you aware that yearly veterinary checkups are needed? _____ Will you declaw your cat? _____
12. Name of your Veterinary clinic _____ Phone _____
 Address _____
13. Are all your pets spayed/neutered? _____ Vaccinated? _____
 If not explain why _____
14. If you have had pets in the past but currently do not own a pet, how long did you have it and what happened to the pet. _____
 What veterinary clinic did you use? _____
15. Which cat are you interested in? _____ Why? _____
16. Why would you like to adopt a cat? _____
17. Do you commit to keeping the cat/kitten for its entire life? _____ (cats can live to be 20)
18. If for some unforeseen reason you cannot keep the cat you have adopted from Jersey State Animal Rescue, what will you do with the cat? _____
19. Will this pet be a house pet? ___ child's pet? ___ gift? ___ mouser? ___ other? _____
20. Will your new cat live indoors/outdoors? _____
 If your cat will be outdoors, will it have a collar with tags on it? _____
21. Are there any restrictions in your township regarding cat ownership? _____
22. Have you ever surrendered a cat? _____ If so why? _____
23. Do you have a pet sitter when you go on vacation? _____
24. Please list your future plans (i.e. baby, moving, college, roommates etc.) _____
25. **Would you object to home visitations as part of this adoption process?** _____
 If yes, why? _____

List 3 references: Name, phone number and relation to you. (Only one relative please)

1. _____
2. _____
3. _____

Release form for veterinary records (fill out completely)

I agree to allow my veterinarian to release my vet records to Jersey State Animal Rescue.

Are the records in your name _____ If not then whose name _____

Name of pets _____

Jersey State Animal Rescue reserves the right to approve or deny any application. No animal will be released to prospective owners who mislead and/or fail to provide accurate information on the adoption application.

Jersey State Animal Rescue’s adoption policy is, if at any time you cannot keep the cat that you have adopted, whether it be a month, year or even ten years later that you contact Jersey State Animal Rescue and we will take the cat back. **NO QUESTIONS ASKED.**

Jersey State Animal Rescue prefers that the cat come back to us rather than end up in a shelter, forced off on someone who doesn’t want it or worse.

Thank You.

I hereby attest that all of the information contained in this document is accurate. Furthermore, I agree to allow a representative from Jersey State Animal Rescue to verify this information through telephone contact, including but not limited to, previous current vet records and landlords approval.

Signature _____ Date _____

Signature of spouse/roommate/partner _____

**ADOPTION FEE MUST BE CASH ONLY
and is non-refundable.**

An incomplete application will not be reviewed.