



9. Which family member will have the major pet care responsibility?  Applicant  Mom/Dad  
 Children  Family  Other Relative  Neighbor
10. Do you currently have any other pets?  Yes  No

Type (Cat, dog, Other)	Age	Spayed or Neutered	How long have you had them?

11. Is a change in residence possible within the next few years?  Yes  No
12. If you were moving to a residence that did not allow cats, to whom would you give the cat?
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13. Who is your current or previous veterinarian?

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Name & phone # (include name of pet and last name records are under

14. If adopting a kitten, where will the kitten be kept when alone? \_\_\_\_\_
15. Where will the cat sleep at night?  Indoors  Outdoors
16. How many hours a day will the cat spend: Indoors \_\_\_\_\_ # of hours Outdoors \_\_\_\_\_ # of hours
17. Where do you primarily plan to keep the cat?  Indoors  Basement  Outdoors  Garage  Confined
18. Do you plan on declawing the cat?  Yes  No  Maybe
19. If your cat displays behavioral problems (such as poor litter box habits, inappropriate scratching, etc.) how would you go about correcting the behavior?  
 Contact a professional  Use a book  Personal knowledge  Other

19a. What type of solution would you be willing to try if litter box accidents continue after the first week?

(Circle all that apply)  Move box to a new location  Try different litter  Clean box more often

20. Some pets may take 30 days or more to adjust. Are you willing to give this pet time to adapt to its new environment and family members?  Yes  No
21. Have you ever lost or given away a pet?  Yes  No  
 If Yes, please explain: \_\_\_\_\_
22. Have you ever had a pet killed by a vehicle?  Yes  No
23. Please describe the typical work schedule of the person taking care of the cat:  
 (i.e., work from home, work M-F, 9-5) \_\_\_\_\_

**Section 3 – Our Information**

- 24. Do you understand that there is a non-refundable adoption fee to help cover the expenses of spay/neuter surgery, inoculations and general care for the cats?       **Yes**       **No**
- 25. If requested, are you willing to provide written proof that your current pet is spayed/neutered?     **Yes**     **No**  
 If no, please explain: \_\_\_\_\_
- 26. Do you fully understand and agree, under Chance At Life Cat Rescue contract rules; the cat you are seeking to adopt will be spayed/neutered?       **Yes**       **No**
- 27. If you are adopting a cat/kitten that has not been altered, are you willing to send a copy of the spay/neuter certificate to Chance At Life Cat Rescue once the procedure is completed?     **Yes**       **No**
- 28. Do you fully understand that if you qualify and adopt a pet from Chance At Life Cat Rescue, you WILL be contacted for further verification of the cat’s welfare and will cooperate by providing requested information which MAY include a visit to your home by Chance At Life Cat Rescue?       **Yes**       **No**
- 29. Do you fully understand and agree that if your adopted cat should not work out in your home, that under Chance At Life Cat Rescue contract rules, the cat must be returned to Chance At Life Cat Rescue?  
     **Yes**       **No**
- 30. In the event that you qualify and adopt a cat from Chance At Life Cat Rescue, are you willing to provide us with written follow-up reports, if requested?       **Yes**       **No**
- 31. Do you fully understand that Chance At Life Cat Rescue reserves the right to refuse any adoption that we feel is not in the best interests of the cat or the adopter?       **Yes**       **No**

**Section 4 – References**

Please provide three (3) references. These references **MUST NOT** be related to you, **NOR SHOULD THEY RESIDE WITH YOU**. All references **MUST** be contacted **BEFORE** you can qualify for adoption.

Full Name	Full Address	Home/work/cell phone #'s	How long acquainted?

**Section 5 – Signatures**

**Print Name (person who filled out form)** \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Chance At Life Cat Rescue Volunteer Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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