



Name of cat you wish to adopt: _____

Pasado's Safe Haven Adoption Application – Cat/Kitten

Date: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ E-mail Address: _____

Employer: _____ Occupation: _____

Spouse/Partner Name: _____ Work Phone: _____

Spouse/Partner Employer: _____ Occupation: _____

1. Briefly describe why you would like to adopt a cat. _____

2. Do you feel this is a lifetime commitment? If so, why? _____

3. What could happen in your life that would make you give up this pet (pregnancy, moving, new relationship, etc.)?

4. Have you discussed this adoption with your spouse/roommate? Yes No

5. How do they feel about this adoption? _____

HOUSEHOLD:

6. Do you live in: House Townhouse Condo Mobile Home Apt, Complex Name _____

7. Do you: Rent Own

8. If renting, please provide landlord's name and number: _____

9. Do you have permission from the landlord to keep a pet? Yes No

10. Please list the names of all your household members. Include ages for household members under age 18.

11. Who will be primarily responsible for the care and supervision of the animal? _____

12. Will this cat be in the presence of children frequently? Yes No. If yes, what ages? _____

13. Do any household members have known allergies to cats? Yes No

14. Please list the pets that you have had in the past five years (both current and those you no longer own):

Breed/Type	Age	Sex	Spayed/Neutered	How long owned?	What happened to him/her?
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

15. Are all animals spayed/neutered? Yes No. If not, please explain: _____

PET CARE:

16. Do you have a veterinarian for your pet(s) ? Yes No. Name and Phone Number of Clinic: _____

17. Approximate date of last vaccinations for current pet(s): _____

18. What will happen to this cat if you move? _____

19. The lifetime care of a cat can cost hundreds or even thousands of dollars, especially as they age or if they are diagnosed with a chronic health problem. Are you able and willing to support these kind of veterinary medical costs if necessary? Yes No

20. Where will the cat be kept when you are at home? _____

When left alone? _____ Where will it sleep at night? _____

21. Do you plan to allow this cat(s) outdoors? Yes No

Please explain: _____

22. On the average, how many hours per day will the cat spend without a human? _____

23. Have you ever had to surrender an animal? If so, please describe the reason for surrender: _____

ANIMAL SELECTION/BEHAVIORS:

24. As an adult, have you owned a cat? Yes No

25. How do you plan on coping with furniture scratching? _____

26. How would you cope with housesoiling? _____

27. What if your older cat became incontinent? How would you handle this? _____

28. Have you ever declawed a cat? Yes No. If yes, for what reasons? _____

29. For what potential problems do you feel unprepared? *Please check all that apply.*

Biting/Scratching Housesoiling Not good with other animals Not good with children Allergies

Excessive grooming needs Medical Issues Excessive furniture scratching Excessive vocalizing

Other _____

30. Pasado's Safe Haven requires a non-refundable donation of \$100.00. This donation, in part, covers the cost of veterinary and daily care for the animal since it arrived at Pasado's Safe Haven. It also, in part, covers spay/neuter, if necessary, all vaccinations, microchipping, de-worming, and de-fleaing. This is a donation, not a "purchase price" for the animal. Would you have any problem paying the donation fee?

Initial here: _____ Yes No

ANIMAL ADOPTION AGREEMENT

My signature below indicates that I have read, and that I agree to enter into and fully abide by the terms and conditions of the Animal Adoption Agreement between myself (herein referred to as "Adopter") and Pasado's Safe Haven. **I COMMIT THAT IF, FOR ANY REASON, I CANNOT KEEP MY ADOPTED ANIMAL OR CHOOSE TO DISCONTINUE CARE FOR THEM, I WILL RETURN THEM TO PASADO'S SAFE HAVEN.**

Adopter, upon adoption application approval and payment of the \$100 non-refundable donation, adopts the following animal or animals from Pasado's Safe Haven:

Type: _____ Gender: _____ Spayed/Neutered: _____ Estimated Age: _____

1. Adopter understands that animals available for adoption from Pasado's Safe Haven have been rescued from a variety of abuse and neglect situations from factory farms, stockyards, auctions, hatcheries, slaughterhouses and elsewhere and as such, may have illnesses, genetic disorders, diseases or other health and/or behavioral problems.

Initial here: _____

2. Adopter understands that Pasado's Safe Haven is not in a position to know, and makes no representations, warranties or guarantees with respect to the background, temperament, health or lifespan of the animal or animals adopted and Adopter agrees to accept the animal or animals upon this understanding.

Initial here: _____

3. If adopting one of Pasado's Safe Haven senior cats, adopter understands that senior animals are likely to require expensive veterinary care ranging in the hundreds to thousands of dollars for common geriatric conditions including but not limited to dental disease, arthritis, cataracts, blood disorders, kidney disease, liver disease, heart murmurs/disease, diabetes, infection, cancer, and thyroid disease. Many of these conditions can be successfully controlled with immediate and ongoing veterinary care. Some conditions are terminal. Adopter understands the animal he/she is adopting may possess one or more of these conditions, unbeknownst to Pasado's Safe Haven. Adopter will therefore seek immediate quality veterinary care for this animal and will continue doing so for the duration of the animal's life.

Initial here: _____

4. Adopter releases Pasado's Safe Haven from any and all liability for any personal injury, property damage or any other losses caused by the animal or animals adopted herein whether such injury, damage or loss is caused to Adopter, members of Adopter's family, other animals under Adopters care, or to any other person, animal or entity. Adopter further assumes the full risk of any such injury, damage and/or loss and the payment of any resulting liability.

5. Adopter understands and agrees to assume full responsibility for the health and welfare of the animal or animals adopted for the duration of the natural life of the animal or animals. This responsibility includes, but is not limited to, all costs incurred for veterinary and health needs, housing and shelter, feed and any other expense related to the care and welfare of the animal or animals adopted herein.

Initial here: _____

6. Adopter understands and agrees to provide the animal or animals adopted herein the following minimum conditions of care:

- a. Except where necessary for medical purposes and upon the recommendation of a veterinarian, the animal or animals adopted herein may never be subject to any mutilation procedures such as (but not limited to) tail-docking or declawing.
- b. The animal or animals adopted herein must, at all times, have appropriate housing and shelter facilities, feed and health care. The greatest care must be taken to assure animals are not subjected to attack from dogs, cats, or wildlife.
- c. The animal or animals adopted herein must, at all times, have adequate and suitable human companionship. The animal or animals may only be isolated for the purposes of veterinary treatments and health care.
- d. Adopter must, at all times, treat the animal or animals adopted herein with respect and never willfully subject the animal or animals to any type of abuse, neglect, suffering or isolation.

Initial here: _____

7. Adopter grants permission to Pasado's Safe Haven to conduct unannounced onsite inspections of Adopter's animal facilities and to conduct health inspections of the animal or animals adopted herein. Pasado's Safe Haven guarantees that only a board or staff member of Pasado's Safe Haven will conduct inspections and no other individual, party, public entity, or media entity will be allowed to enter into inspections or investigations to protect the privacy of Adopter. Adopter understands that at any time Pasado's Safe Haven, in its sole discretion and without police or judicial authorization, can confiscate the animal or animals adopted herein from Adopter's premises when Pasado's Safe Haven believes such confiscation is necessary for the health and welfare of the animal or animals adopted herein.

Initial here: _____

8. Adopter understands and agrees that if Adopter is unwilling or unable to continue caring for the animal or animals as provided herein, that Adopter may not relinquish custody of the animal or animals to any other party without first notifying and obtaining the written permission of Pasado's Safe Haven.

Adopter understands that Adopter can return the animal or animals adopted herein to Pasado's Safe Haven on the condition that Pasado's Safe Haven is given advance notice of at least two business days to prepare for the return.

Adopter further understands that Adopter will not be entitled to a refund of any adoption fees remitted to Pasado's Safe Haven, and Adopter will be responsible for transportation costs, or any other costs incurred resulting from the return of the animal or animals to Pasado's Safe Haven.

Initial here: _____

9. Pasado's Safe Haven guarantees that Adopters personal information will not be made public, be added to any mailing list, or be sold for any mailing lists unless permission to do so is granted to Pasado's Safe Haven by Adopter.

Adopter has read the above Pasado's Safe Haven Adoption Agreement consisting of five pages total, and agrees to fully abide by each and every term and condition stated therein.

Initial here: _____

NOTE: If you DO adopt this animal, you MUST arrive at Pasado's Safe Haven with a collar that is of appropriate size for the animal AND a tag that has been mechanically created with your address and phone #'s imprinted. The animal will NOT be released to you without a collar and tag.)

Signature

(Printed Name)

(Address)

(Phone)

PLEASE SIGN AND MAIL TO US AT P.O. BOX 171, SULTAN, WA 98294OR FAX TO 425-820-1717. IF FILLING OUT AND SENDING VIA EMAIL, FILLING OUT THE ABOVE INFORMATION CONSTITUTES ACCEPTANCE OF ABOVE TERMS. THANK YOU!