

A Beautiful Life Sanctuary

P.O. Box 282
Kenton, De. 19955
abeautifullifesanctuary@yahoo.com
302.389.8032

Feline Adoption Application

Thank you for considering, “A Beautiful Life Sanctuary”, for your next family member. People like you make it possible for us to continue saving animals from the perils of kill shelters and irresponsible humans. Please feel free to contact me with any questions you may have about this form or the adoption process.

Date:

Last Name, First Name

Co-Applicant Last Name, Co-applicant First Name

Address

City, State, Zip Code

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Phone

Email Address

Emergency Contact Name

Phone

Relationship

Adoption Fee

\$100

Kittens & Cats placed before they are sterilized (due to weight, age, or health) will be a Foster to Adopt. The adoption will be finalized after the pet is spayed or neutered through our rescue. The cost will be covered by A Beautiful Life Sanctuary, Inc. Please notify your veterinarians' office that we will be calling for a reference, as some require permission to speak to us. We will be checking for previous animal vet records. Therefore, we need the routine vet that cared for animals listed on this form.

1) What Cat are you applying for?

2) What is your place of employment? (Include address and phone)

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3) How long at your place of employment?

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4) If you do not work outside of the home, how will you support this pet?

5) What is your age group?

25 - 35	36 - 50	51 +

6) Please list all persons living with you, include age and relationship.

Name	Age	Relationship

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7) Is anyone in your home allergic to animals?

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8) What type of home do you have? (Ex: Apartment, Condo, House, Townhouse, Duplex, Farm)

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9) Do you own or rent your home?

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10) If you rent, please provide landlord's information

Please provide the name and phone # of your landlord or rental manager

Name	Phone	Email

11) How long have you lived at this address?

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12) Who will be the primary caretaker?

13) Approximately how many hours a day/ per week will the cat be left alone?

14) Is your home ready to welcome a cat? (litter box, scratch pole, etc.)

15) Do you have a safe space that the cat can stay in until slowly introduced into the rest of your home.

16) If you travel, who will take care of the cat?

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17) Please list name, species, age and sex of each animal currently in your home, and indicate if they are spayed/neutered

Name	Species	Age	sex	Spay/Neut

18) If you do not currently have any pets, have you ever owned a pet? What happened to that pet? If deceased, please tell us why?

19) Have you ever surrendered a pet to a shelter or rescue, or given a pet away? If yes, please explain.

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20) If you currently have a cat(s), has he/she/ they been introduced to cats or vice versa?

21) Are you prepared to handle an emergency medical situation?

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22) Are you willing, able and prepared to provide the full cost of the care for this cat, including routine medical care, food, toys, grooming and / or training?

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23) What would you do if the cat needed medical care that you could not afford? (no right or wrong answer, but it is something to think about)

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24) Have you and your family discussed the responsibility, cost, time and effort that a new pet will require?

25) Do you for see yourself adopting additional pets and if so, what kind?

26) What is the maximum number of pets you intend to have at 1 time?

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27) What would become of your cat if you moved? Particularly if you had to move out of state

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28) What circumstances or behaviors might cause you to return this cat to us?

29) Is this cat intended to be a gift?

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30) Are you willing to give this cat enough time (some take 30 days or more) to adapt to its new environment and family members?

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31) An adoption fee is charged by us to offset the cost of this rescued animal's care while with our rescue. Is payment for this adoption fee acceptable to you?

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32) We require all cats / kittens not spayed or neutered be considered fosters until the surgery is done. The delay may be due to age, weight or health. A Beautiful Life Sanctuary, Inc. will cover the cost of spay or neuter. As soon as they are fixed the adoption will be made final. Is this deposit acceptable to you?

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33) We may require a home visit before adoption. Is this acceptable to you?

VETERANARIAN INFORMATION

Vet's Name:	Vet's Phone:
Vet's Address	City, State, Zip Code
Pet(s) names that went to this vet	

REFERENCES

Please provide the name and phone number of three personal references, not including family members. Please be sure to include phone numbers.

Name	Phone number	How long known

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If for ANY reason you can no longer care for this Cat, you will return the cat to “A Beautiful Life Sancutary“

SIGN

Applicant: I acknowledge that all of the above information is true, complete and accurate to the best of my knowledge. I understand that any omission of information requested, or any false or misleading information may result in rejection of my application and / or may be considered justification for the removal of my adopted pet if discovered at a later date.

Applicant Signature _____ Date:

Co-Applicant Signature _____ Date:
