



Snake River Animal Shelter Cat Application
Application Process Can Take Up to 48 Hours
\$26.00 deposit is NON-REFUNDABLE

How did you hear about Snake River Animal Shelter?	
Name of Animal you are applying for:	Date:

General Information

Last Name:	First Name:	Age:
Last Name:	First Name:	Age:
Married <input type="checkbox"/> Engaged <input type="checkbox"/> Dating <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/> Explain:		
Physical Address:		
Mailing Address:		
Previous address (less than 3 years):		
Email address:		
Phone #	Cell #	
Driver's License:		
Occupation:	Place of Employment:	
Phone#:	How long have you been with this employer?	
Are you a veteran or in active duty? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Residency Information

Do you: Rent <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/>	
If rent/lease do you have rules regarding pets? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you live in:	
Apartment <input type="checkbox"/> Condo <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile home <input type="checkbox"/> Farm/Ranch <input type="checkbox"/>	
Landlords name:	Phone #
How long have you lived here?	
Is the volume of street traffic: Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/>	
Are you planning on moving in the near future? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you agree to permit a visit to your home by appointment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a college student? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what do you plan to do with this pet when school is finished?	

Family/ household information

Are there any children in the household? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes age?	
Reasons for adopting this pet check all that apply	
Gift <input type="checkbox"/> Mouser <input type="checkbox"/> Child's pet <input type="checkbox"/> House pet <input type="checkbox"/> Outdoor pet <input type="checkbox"/> Companion for other pet <input type="checkbox"/>	
Companion for self or family <input type="checkbox"/> Couch warmer <input type="checkbox"/>	
Have all adults in household agreed to this adoption? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does everyone in the household want to adopt this pet? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have the children had pets before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is anyone in the household allergic to pets? Yes <input type="checkbox"/> No <input type="checkbox"/> Who?	
What kind of pets?	

Pet Information

Approved Denied Reviewed by: _____ Date: _____ Issues Discussed: Yes No
Meet/Greet: Kids Other Animals Landlord permission Yes No Name checked in pet point: Yes No



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List all pets in the residence

Name	Type	Breed	Age	Gender	Fixed?	#of years Owned	Current on Vaccines	Where housed?

Please list the pets you have had within the last 5 years who are no longer living with you

Name	Type	Breed	Age	Sex	Fixed	Reason?

Veterinarian information

Veterinarian Clinic Name:	Doctor:	Phone#:
When was your pets last visit to a vet? Why?		

New pet information

Is this animal a gift? Yes <input type="checkbox"/> No <input type="checkbox"/>
Why are you interested in this pet?
How much time are you prepared to allow for your new pet to adjust to your home?
Do you plan to declaw this animal? Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have to move what do you plan to do with your pets?
Where will the pet be kept during the day? Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Basement <input type="checkbox"/> Kitchen <input type="checkbox"/> Garage <input type="checkbox"/> Porch <input type="checkbox"/> Shut in room <input type="checkbox"/>
Where will the pet be kept during the night? Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Basement <input type="checkbox"/> Kitchen <input type="checkbox"/> Garage <input type="checkbox"/> Porch <input type="checkbox"/> Shut in room <input type="checkbox"/>
Which behavior would you find unacceptable in this pet? Check all that apply Nipping <input type="checkbox"/> Chewing <input type="checkbox"/> Biting <input type="checkbox"/> Not house trained <input type="checkbox"/> Scratching <input type="checkbox"/>

Read Carefully and Sign:

Have you/anyone in your household ever been convicted of animal cruelty, neglect, or abandonments? Yes No

I certify the above information to be true and correct and authorize verification of all statements presented in the application.

I understand that at the time of the adoption this questionnaire becomes part of a legality binding contract and providing any false information can be cause for denial of my application or future forfeiture of the adopted pet. Leaving any questions blank or not filling out this form completely can be cause for the application to be discarded or denied.

Signature (s)

Date

Approved Denied Reviewed by: _____ Date: _____ Issues Discussed: Yes No
 Meet/Greet: Kids Other Animals Lan _____] Name checked in pet point: Yes No

