

Pets Uniting People Society (P.U.P.S.)
Dottie Smiddy (937) 244-0852 dsmiddy47@gmail.com

Date _____ Deposit _____

Cat(s) Name(s): _____

Name: _____

Home Phone: _____ Best Time to Call Home Phone: _____

Cell Phone: _____ Best Time to Call Cell Phone: _____

Address: _____ Work Phone: _____

City / State / Zip: _____

Email: _____

What age/type cat are you interested in? _____

Cats Name: _____

Does everyone in the household agree to adopt a cat or kitten(s) at this time? __ Yes __ No

Adopter over the age of 18? ____ Adopter Employed? ____ Where? ____

Is the Cat/Kitten a Gift? ____ For whom? ____

May we meet/interview the recipient? ____ Contact Info _____

Do you rent or own your home? ____ Rent ____ Own

If you rent, please list your landlord's name _____

Phone Number: _____ Allow Pets? ____ Deposit Paid? _____

How long have you lived at your current address? _____

If less than 2 years, then please list your previous address:

Is anyone home during the day? __ Yes __ No If so, who? _____

Will you declaw kitten or cat? ____ Yes ____ No

Where will you cat(s) live? Strictly Indoors _____ Inside/Outside____ Outside _____

What is the longest period of time your cat may be left alone during the day or night?

Since most of our cats are from rescue backgrounds and may have hidden medical issues, are you willing and prepared to provide any needed medical treatment? __Yes __No

Would cost be a factor? ____ Yes ____No

In the event you are unable to care for this pet in the future, who will be responsible for the pet's care for the balance of its life? _____

Phone # _____ May we contact them? ____Yes ____No

Please state the names, ages and types of pets you currently have or have had during the past 5 years.

Name Type / Breed – Age Spayed/Neutered Where is it now? Why?

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Are there other pets in your home owned by other people? ____ Yes ____ No

Owners name Type/Bred Age Spayed/Neutered

Have you ever fostered animals for any organizations? ____ Yes ____No

Please list organizations you have worked with (i.e. ASPCA, rescues, etc.)

Name of Organization / Location /Type Contact Phone

Do you have children? ____ Yes ____No

If so, what are their ages? _____

Who is your Veterinarian_____

Veterinarian's Phone Number _____

Second Veterinarian _____

Second Veterinarian's Phone Number _____

May we contact your vet(s)?

Comments

May we (or our rep) visit you at your home prior to adoptions? ___ Yes ___ No

How did you find us? ___ Prior Adopter ___ Veterinarian ___ Shelter/Humane Society ___ Internet ___ Pet Store

Please note:

A submitted application does not guarantee adoption of a cat or kitten...

The cat an applicant would like to adopt may not be the one best suited to meet applicant's needs. We serve the right to offer a cat they feel is better suited to match the application. Animals are placed in the best home, not the first home that requests them. +Approved homes, considering more than one cat/kitten will get special consideration for adoptions but not necessarily be approved for that cat automatically.

By submitting this application, I certify that the information provided is truthful and correct to the best of my knowledge. By submitting the application, (1) I understand that the decision to accept this or any application or to place any cat with any particular applicant is at the exclusive discretion of the rescuer, (2) a representative may speak with the applicant's veterinarian.

Please Note: by signing this application, you grant Dottie Smiddy permission to check your vet references. Please notify your vet that we may call and that you give your permission for us to check on past care of your animals.

Signature: _____ Date _____
(For purposes of emailed applications, typing your name constitutes a signature)

We reserve the right to refuse any application.
