



St. Louis Pet Rescue Cat Adoption Application

Email: contact@stlpetrescue.com www.stlpetrescue.com Voice Mail: 314-827-5543

P.O.Box 374, Valley Park, MO 63088

Application Date	STLPR Pet ID#
Pet Name	Pet Description

Adopter's First , Middle and Last name		Resident Address (not P.O. BOX)		
City		State		Zip
Cell Phone		Home Phone		Email Address

Driver's License #	State Licensed	Applicant's Age	<i>Obtain a copy of the Driver's License or State ID for the records</i>

Guardian and Home Life

I Live In a				
Single Family Dwelling	Condo	Apartment	Mobile home	Other (describe)

I would describe my home as			
Quiet/calm	Moderately Active	Grand Central Station	Other (describe)

Do you		If renting, name and number of Landlord	
Own	Rent		
Name and ages of the adults in the home?		What are the ages of kids in the home?	
Are you employed?		Name of Your Employer	
Not employed	Part time	Full time	Retired

Is anyone in the household allergic to pets or has asthma?			
Allergies	Asthma	No	I don't know
If you answered yes to any, what would you or do you do to deal with a pet allergy if adopting a pet?			



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Have you ever been in violation of the law/ordinances pertaining to pets?	Yes No	Date of violation	City, State
Details of violation			
Do you know the government pet ownership requirements for the city or county you live in?			# of pets allowed
YES	NO		

Describe any pet restrictions (if you have any) by your landlord, homeowner's/renter's insurance, subdivision or city?

Have you ever surrendered a past pet to a shelter, rescue group or gave away? YES NO

If yes please explain the circumstances

Do you have a doggy door?	What would you do if the cat stops using the litter box?
YES NO	

What would you do if the new pet would scratch on the furniture/carpet?

If you were to lose the house, apartment you live in, what would your plan be for the pets in your home?

All About Pets

What is the purpose of this adoption?				Will your new pet have		Describe level of experience with cats			
For self	Gift	Companion for another pet	Mouser/barn cat	Limited use of house	Full use of house	Novice	Somewhat	Seasoned	Expert

If you adopt a cat with special needs, we expect that you will follow our treatment recommendations.

Please initial if applicable _____

Are you going to declaw the cat you are adopting?			Where is this adopted cat going to be?		
No declaw	Front only	All 4 paws	Inside only	Inside/outside	Strictly outside



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Do you have any pets currently in your household? Have you owned any pets in the past 7 years? If yes, please fill out tables below.	Yes	No
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CATS (names)	Age	Sex	Spayed or neutered	Up to date on shots	Tested for Feline leukemia/FIV	Is your current cat and inside cat, Inside/outside cat or outside only cat	Does your current cat see a vet as recommended	Is your current cat declawed

Please answer Yes (Y) or No (N) to each question about each dog in your household. If you are unsure of what Heartworms are, please ask for help.

DOGS (names)	Age	Sex	Spayed or neutered	Up to date on shots	Tested for Heartworms	On preventative		Does the dog see a vet as recommended	Do the dogs like cats	Are the dogs inside, or outside dogs
						HW	Flea/Tick			

PERSONAL AND VET REFERENCES

References are checked prior to adoption. Please do not list more than 1 family member as a personal reference. You may list a friend, neighbor, your boss, a coworker etc. If you do not have a Veterinarian, please list a 3rd reference. Thank you!

Full Name	Phone Number	Relationship
*		
*		

For current or recent pets in the household please list your current and past veterinarian(s).

Veterinarian clinic name*		Phone Number
Veterinarian clinic name		Phone Number

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature	Date:
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