

# S N A P C a t s



Special Needs Are Precious

## SNAP Cats Adoption Application

### BEFORE WE START

Unlike most shelter and rescue adoption procedures, SNAP Cats is very thorough and prudent in the adoption and placement of our special needs cats. Our cats require special circumstances, special people, and in some cases, special medical care. Thus, we reserve the right to refuse an adoption if we feel that the situation isn't perfect for both you and our cats.

Along with this application process, we'll have a lengthy discussion about you and your expectations. So please be prepared to spend at least an hour with us discussing every aspect of your life: from your living environment, to the people in and around your home, to the people (and possible other pets) that will visit your home. This may sound a bit intrusive, but we need to make sure that this adoption is in the best interest of you, your family, and our special needs cats.

If you desire to adopt a cat that's physically disabled, and you reside locally, we may ask do a home inspection. This isn't a judgment about your living conditions – it's about making sure that the cat is safe from potential harm that you may not have thought of. For example, a cat suffering from moderate-to-sever CH should not be placed in a home with lots of stairs.

The bottom line is: We want this adoption to be the first and last our special cats will ever have.

Thank you for wanting to adopt a SNAP Cat. And thank you for understanding our goal of making sure every adoption is a perfect match.

Darryl Roberts  
Executive Director

Welcome to SNAP Cats' adoption program. We request the following information so that we can better assist you in the selection of a "Special Needs" cat. This form, and consultation with a SNAP Cats representative, is designed to make sure that you find the cat most compatible with your lifestyle/living situation.

To be considered as an adopter, you must:

- Be 21 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord (if applicable)
- Be able and willing to spend the time and money necessary to provide medical treatment and proper care of a Special Needs cat.

**Cat(s) interested in adopting:** \_\_\_\_\_

Name of applicant \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Age \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Where do you live?  House  Apartment  Condo  Mobile home  Other \_\_\_\_\_

Do you own or rent your home?  Own  Rent

If you rent, we need to contact the owner to obtain permission for this cat to live in your home.

Owner's name and phone number: \_\_\_\_\_

Describe in detail the cat you're looking for: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a Special Needs cat before?  Yes  No

If yes, please describe: \_\_\_\_\_

What kind of pets have you had in the past? \_\_\_\_\_

\_\_\_\_\_

Which of these do you still have? (Include age, sex and breed.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are your pets spayed or neutered?  Yes  No  Don't know

Are they current on vaccinations?  Yes  No  Don't know

Have your cats been tested for feline leukemia?  Yes  No  Don't know

Have your cats been tested for FIV?  Yes  No  Don't know

Are your cats declawed?  Yes  No  Don't know

If yes, where is the cat declawed?  Front paws  All four paws

What happened to the pets you no longer have? \_\_\_\_\_

\_\_\_\_\_

Have you ever turned a pet in to a shelter?  Yes  No If yes, please explain:

\_\_\_\_\_

Have you ever had a pet euthanized?  Yes  No If yes, please explain:

\_\_\_\_\_

If you have pets, will they adjust to a new cat in the house?  Yes  No  Don't know

Why do you want this cat? (Check all that apply.)  Companion  Companion for other pet

House pet  Office cat  Other (explain)

\_\_\_\_\_

How many adults are in your family? \_\_\_ How many children? \_\_\_ Children's ages? \_\_\_\_\_

Does any member of your household have an allergy to cats?  Yes  No

Is someone home during the day?  Yes  No

If yes, who? \_\_\_\_\_

How many hours each day will the cat be without human companionship? \_\_\_\_\_

Please explain: \_\_\_\_\_

Where will you keep the cat?  In the house  Outdoors  With free access to both indoors and outdoors

Do you have screens on your windows?  Yes  No

Do you have a cat or dog door?  Yes  No

Where does the cat or dog door lead to? \_\_\_\_\_

Under what circumstances would you have the cat declawed? \_\_\_\_\_

\_\_\_\_\_

Are you aware of the potential side effects of declawing a cat?  Yes  No

Will you keep the cat up-to-date on vaccinations?  Yes  No

Who is your veterinarian? \_\_\_\_\_

Phone \_\_\_\_\_

City/state \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

Who is your current employer? \_\_\_\_\_

Does your job require extensive travel? \_\_\_\_\_

If you go away for a few days, or on a vacation, who will take care of the cat?

\_\_\_\_\_

What arrangements will you make for the care of your pets in case of an emergency?

\_\_\_\_\_

If you move, will you take the cat with you?  Yes  No

Have you ever applied to SNAP Cats before to adopt an animal?  Yes  No

If yes, when? \_\_\_\_\_

SAMPLE

Have you ever surrendered a cat to SNAP Cats?  Yes  No

If yes, please explain: \_\_\_\_\_

How did you find out about SNAP Cats? \_\_\_\_\_

Are you willing to have a representative of SNAP Cats come to see where the cat will be living?  Yes  No If no, explain: \_\_\_\_\_

Are you aware that cats can live 15 to 20 years and are you willing to take responsibility for this cat for the next 10 to 20 years?  Yes  No

What provisions will you make for the cat should you become unable to care for him/her?

\_\_\_\_\_

\_\_\_\_\_

Additional comments from applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide two non-family personal references:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Notes (for SNAP Cats use) \_\_\_\_\_

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