**Rocky’s Refuge, Inc.** 605 Dutch Hill Rd. • Roscoe, NY 12776 • Phone 607-498-5445

Adoption Application

The first step in the process of adopting a pet from Rocky’s Refuge is to complete this application. The application provides important information. Working with you, we will be able to determine if the adoption is in the pet's best interest, and the process ensures that you will find a pet well-suited to your lifestyle.

**Please provide detailed information for all questions.**

Our adoption fee includes the cost for vaccinations; the spaying or neutering of the animal; and an adoption service charge

To qualify for adoption, you must:

* Be at least 21 years old and have a valid driver’s license or state identification card stating your current address
* Have the knowledge and consent of a landlord, if relevant
* Be able and willing to spend the time and money necessary to provide medical treatment, proper nourishment and care and training for a pet

**Please note: We reserve the right to refuse adoption to anyone. Please be advised that we will not adopt to persons who mislead or fail to provide accurate information on this application.**

**Name of Pet(s) Which Interests You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you \_\_\_\_\_ Own Home \_\_\_\_ Rent**

**If you rent - - LANDLORD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long have you lived there? \_\_\_\_\_\_\_ Do you plan on moving in the next 6 months? \_\_\_\_Yes \_\_\_\_\_No**

**If you must move, what provisions will you make for your cat/kitten? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many adults are in the household? \_\_\_\_\_\_\_\_\_ How many children are in the household?\_\_\_\_\_\_\_\_ Age range:\_\_\_\_\_\_\_\_**

**What is the activity level in your home? \_\_\_\_\_ Very Active \_\_\_\_\_ Active \_\_\_\_\_ Semi-Quiet/Calm \_\_\_\_\_\_ Quiet**

**Is anyone in your family allergic to cats? \_\_\_\_\_ If allergies develop, what will you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**About how many hours a day will the cat/kitten be alone? \_\_\_\_\_\_\_\_ Do you believe in declawing? \_\_\_\_\_\_**

**Where will the cat/kitten be kept….during the day? \_\_\_\_ Inside \_\_\_\_ Outside \_\_\_\_ Both At night? \_\_\_\_Inside \_\_\_\_ Outside**

**Some cats/kittens need time to adapt to a new environment. How much time are you willing to give this cat/kitten to acclimate**

**to your home and current pets?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What type of behavior would cause you to return this cat/kitten to Rocky’s Refuge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever adopted from us before? \_\_\_\_\_\_ Have you ever surrendered a pet to any shelter or facility? \_\_\_\_\_\_**

**Have you ever given a pet away for any reason? \_\_\_\_\_\_**

 **If so, when and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

** Adoption Application – Page 2**

**Do you currently own any animals? \_\_\_\_\_\_\_\_ How many? \_\_\_\_\_\_\_\_ If so, please list.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** | **BREED / TYPE** | **SEX** | **AGE** | **NEUTERED/SPAYED** | **HOW LONG HAVE YOU OWNED THIS PET?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Have you owned any animals in the past? \_\_\_\_Yes \_\_\_\_No If so, please list.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** | **BREED / TYPE** | **SEX** | **AGE** | **NEUTERED/SPAYED** | **REASON NO LONGER HAVE** |
|  |  |  |  |  |  |
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**Name of your Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**May we contact your veterinarian for a reference? \_\_\_\_\_Yes \_\_\_\_\_No**

**Are you current on shots for all existing pets in the home? \_\_\_\_\_ Yes \_\_\_\_\_No If not, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you currently own cat(s), has he/she been tested for Feline Leukemia and FIV? \_\_\_\_\_\_ If yes, \_\_\_\_\_Negative or \_\_\_\_\_Positive**

**Please provide two personal references: (NO family members)**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you object to a home visit? \_\_\_\_\_\_Yes \_\_\_\_\_No**

**I understand that :**

1. **I will be required to pay an adoption fee for this cat/kitten.**
2. **Rocky’s Refuge Inc. had preliminary veterinary care for the animal but makes no claims as to the future health of the pet.**
3. **Rocky’s Refuge has had the cat/kitten spayed/neutered and has provided the appropriate vaccines for age/weight of the cat/kitten at the time of adoption, unless a future date of spay/neuter has been agreed upon.**
4. **I promise to bring the adopted pet to my veterinarian for regular checkups and when the animal is in need of medical attention.**
5. **I agree to return the animal to Rocky’s Refuge, if for any reason, I decide not to keep the cat/kitten.**
6. **Rocky’s Refuge may seize the cat/kitten if we become aware that the animal is being mistreated or neglected in any way or if the terms of this agreement have been violated.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adopter Name Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adopter Signature Date**