



P.O. Box 412 | Covington, TX 76636

817-726-8380

drowzydawg@gmail.com

drowzydawgrescue.org

## Cat Adoption Application

Welcome to Drowzydawg Rescue adoption program. We request the following information so that we can assist you in the selection of a new cat. This form and a consultation with a Drowzydawg Rescue representative are designed to help you find the cat that is most compatible with your lifestyle. Please return this form to Drowzydawg Rescue at:

P.O. Box 412,  
Covington, TX 76636

To be considered as an adopter, you must:

- 🐾 Be 21 years of age or older
- 🐾 Have identification showing your present address
- 🐾 Provide a copy of your driver's license or state ID
- 🐾 Have the knowledge and written consent of your landlord
- 🐾 Be able and willing to spend the time and money necessary to provide medical treatment and proper care of the cat.

*Completion of this application does not guarantee adoption of a Drowzydawg Rescue cat.*

**Please print legibly and complete all pages. Thank you!**

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

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

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

Main Contact Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email Address \_\_\_\_\_ Age \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

Are you adopting for yourself or for someone else? \_\_\_\_\_

Describe in detail the cat you are looking for or the name of the Drowzydawg Rescue animal(s) you are interested in \_\_\_\_\_

Why do you want a cat or kitten? \_\_\_\_\_

Will this be your first cat?  Yes  No

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

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

Have they been spayed or neutered?  Yes  No  Don't know

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

If you have other cats, have they been tested for Feline Leukemia/FIV?  Yes  No

If yes, results: \_\_\_\_\_

Are all of the dogs in your household on heartworm prevention?  Yes  No  No dogs in household

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

Have you ever turned one of your animals into a shelter?  Yes  No

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

Have you ever had to give up a pet?  Yes  No

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

Have you ever had a pet euthanised?  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

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

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

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

Where will you keep this cat?  Inside home  Outside  Inside/Outside  In Garage  Other \_\_\_\_\_

Do you own or rent your home?  Own  Rent

If you rent, may we contact the landlord to obtain permission for this cat to live in your home?  Yes  No

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

Will you keep the cat up to date on vaccinations?  Yes  No If no, explain: \_\_\_\_\_

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

Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

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

If no, explain: \_\_\_\_\_

Have you ever applied to Drowzydawg Rescue before to adopt an animal?  Yes  No

If yes, when: \_\_\_\_\_

Have you ever brought animals to Drowzydawg Rescue  Yes  No

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

Are you willing to have a representative of Drowzydawg Rescue come to see where the cat will be living?  Yes  No

If no, explain: \_\_\_\_\_

Are you willing to take responsibility for this cat for the next 10 to 20 years?  Yes  No

If no, explain: \_\_\_\_\_

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

**Please provide two personal references:**

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

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Release for Veterinary reference:** I, \_\_\_\_\_ (print name) hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals to Drowzydawg Rescue.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read and understand the entire application, and by signing I understand Drowzydawg Rescue has the right to deny any application for any reason, and reasons for denial may not be given. Drowzydawg Rescue receives applications from multiple areas including email, on-site, and off-site. I am aware that there may be multiple applications on the animal in which I am interested. I certify that the above information is correct. I understand that false information may result in nullifying the adoption.**

**By signing this application I am certifying that I intend to be the legal owner and person responsible for the care and well being of this animal. I give representatives at Drowzydawg Rescue permission to contact my veterinarian, references, and landlord in order to process this application.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes (for Drowzydawg Rescue use):

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