



Volunteers of S.T.A.R.T. II are dedicated to saving abandoned animals. We ask many questions of prospective adopters because we want the rescued cats to find a home that's just the right match. Many of them have left a less-than-desirable place and we want their next home to be theirs for the rest of their lives.

S.T.A.R.T. II
Box 177, Elmwood Park, NJ 07024
201.797.8861
www.start2pets.petfinder.org

Pre-Adoption Application - CAT

Instructions:

- (1) Please print neatly and clearly.
- (2) Provide all required information. **Missing information will delay your application.**
- (3) All references must be contacted before you can adopt.

PLEASE NOTE:

- All members of the household, including pets, must visit with the animal before the adoption is approved
- We do not run adoptions on a "first come, first served" basis, but try to match the most appropriate home for each pet
- S.T.A.R.T. II is an all-volunteer, non-profit organization. The adoption fee is a donation to S.T.A.R.T. II to defray veterinarian cost of these rescued animals. The fee is NON-REFUNDABLE and to be paid at the time of adoption. No exceptions. We reserve the right to refuse any adoption we feel is not in the best interest of the animal or the adopter.

Section 1 – Personal Information

Today's Date: _____ Volunteer Assisting: _____

What type of pet are you seeking to adopt? Cat Kitten (up to 10 months) Male Female

First Name *Middle Name* *Last Name/Surname*

Street Name & Number *City* *State/Zip*

Daytime Phone Number *Evening Phone Number*

Email Address

Section 2 – Tell Us About You

1. How did you hear about S.T.A.R.T II? Web TV Newspaper Friend/Relative Walk-In

2. In what type of house do you live? Single Family Home Multi Family Home Condo/Townhouse Apartment

3. Do you: Own Rent If Renting, Landlord Name and Phone Number: _____

4. Make up of household: (# of Adults & # of children & ages) _____ Adults _____ Children Child(ren) Ages _____

5. Do any of the persons listed above have allergies? Yes No

6. What is your reason for wanting a cat? House pet/Companion Gift Other/Explain:

7. Will this be your first cat? Yes No

8. How much are you financially prepared to spend for routine/emergency medical care, licensing, etc

9. Which family member will have the major pet care responsibility? Applicant Mom/Dad Children Family
 Other Relative Neighbor

10. Do you currently have any other pets? Yes No

If Yes, please specify type, quantity & age:

	Type (Cat, Dog, Other – please specify)	Age	Is the animal spayed/neutered? (yes/no)	How long have you had this pet?
1				
2				
3				
4				
5				

11. Is a change in residence possible within the next few years? Yes No

12. If adopting a kitten, where will the kitten be kept when alone? _____ Not adopting a kitten

13. Who is your current veterinarian? _____
Name & Phone number (include name of pet and last name records are under)

14. Where will the cat sleep at night? Indoor Outside

15. Do you plan on declawing the cat? Yes No Maybe

16. If your cat displays behavioral problems (such as poor litter box habits, inappropriate scratching etc.) how would you go about correcting the behavior? Contact a professional Use a book Personal knowledge Other

17. Some pets may take 30 days or longer to adjust. Are you willing to give this pet time to adapt to its new environment and family members? Yes No

18. What type of solution would you be willing to try if housebreaking accidents continue after the first week (check all that apply)?
 Move box to new location Try different litter Clean box more often Have cat examined by vet
 Use a cat door None Other

19. Have you ever lost or given away a pet? Yes No

If Yes, please explain: _____

20. Have you ever had a pet killed by a vehicle? Yes No

21. How many hours a day will the cat spend: Indoors _____ # of Hours Outdoors _____ # of Hours

22. Where do you primarily intend to keep the cat: Indoors Basement Outdoors Garage Confined

23. If you were moving to a residence that did not allow cats, to whom would you give the cat?

24. If you are not currently using a vet, please provide the name and phone # of the last veterinarian your pet records are held along with pet names—or—the name of the vet you plan on utilizing.

25. Please describe the typical work schedule of the person with major pet care responsibility:
(i.e. work from home, work M-F, 9-5) _____

Section 3 – Our Information

26. Do you understand there is a non refundable adoption fee to help cover the expenses of spay/neuter surgery, inoculations and general care for the animals? Yes No

27. If requested of you, are you willing to provide written proof that your current pet is spayed /neutered? Yes No
(If no, explain why the pet has not been altered)

28. Do you fully understand and agree, under S.T.A.R.T. II contract rules, the pet you are seeking to adopt will be spayed/neutered?
 Yes No

29. If you are adopting a cat/ kitten that has not been altered are you willing to send a copy of your spay/neuter certificate to S.T.A.R.T. II once the procedure is completed? Yes No

30. Do you fully understand that if you qualify and adopt a pet from S.T.A.R.T. II you WILL be contacted for further verification of the pet's welfare and will cooperate by providing requested information which MAY include a visit to your residence by S.T.A.R.T. II?
 Yes No

31. Do you fully understand and agree that if your adopted pet should not work out in your home that, under S.T.A.R.T. II contract rules, the pet MUST be returned to S.T.A.R.T. II? Yes No

32. In the event you qualify and adopt a pet from S.T.A.R.T. II are you willing to provide us with written follow-up reports, if requested? Yes No

33. Do you fully understand that S.T.A.R.T. II reserves the right to refuse any adoption we feel is not in the best interest of the animal or the adopter? Yes No

Section 4 - References

Please provide three (3) references. These references MUST NOT be related to you NOR SHOULD THEY RESIDE WITH YOU. All references MUST BE contacted BEFORE you can qualify for adoption.

Full Name	Full Address	Home Phone	Work Phone Number	# of Yrs you have known this reference
1				

2				
3				

Over please.....

Section 5 - Signatures

Print Name (individual who completed this form): _____

Signature: _____ Date: _____

S.T.A.R.T. II Volunteer initials & Date: _____



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- *S.T.A.R.T. II is an all-volunteer, non-profit organization. The adoption fee is a donation to S.T.A.R.T. II to defray veterinarian cost of these rescued animals. The fee is NON-REFUNDABLE and to be paid at the time of adoption. No exceptions. We reserve the right to refuse any adoption we feel is not in the best interest of the animal or the adopter.*

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