



TIPLINGS ADOPTION APPLICATION

It is the responsibility of Tiplings to place this cat in an environment compatible with its needs and to ensure the adoption is in the best interest of both the cat and the adopter. We realize this application document and the adoption process are lengthy; please understand that we are committed to placing this cat into a loving home where it will remain for its lifetime.

PLEASE FILL OUT THIS APPLICATION IN ITS ENTIRETY

PLEASE PRINT

Date: _____

Name(s) of cat(s) to be adopted: _____

How did you find out about this cat? Adoption event Friend Facebook Petfinder Other _____

Applicant Information

Name First: _____ MI: _____ Last: _____

Date of Birth: _____

Phone: _____ Is this a Mobile Landline

Street address: _____

City/State/Zip: _____

Email address: _____

Do you Own Rent How long have you lived at this address? _____ years _____ months

If renting:

Landlords name: _____ phone number: _____

Email address: _____

Your Household

TYPE OF HOME Single family Townhome Apartment Farm Other _____

How would you characterize your home? Quiet Moderately Active Active

Name/age of other adults living in your household:

_____ Have they met this cat? Yes No Do they want this cat? Yes No

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If you are no longer living together, who will keep this cat? _____

Name/age of children living in your household:

_____ Have they met this cat? Yes No Do they want this cat? Yes No

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While children can participate in the care of cats, it is unrealistic to expect children of any age to assume complete responsibility for a cat. An adult in the home must take ultimate responsibility to ensure the cat is well cared for and socialized. Are you prepared to oversee the care of this cat and to take responsibility for the cat even if your child becomes disinterested? Please check and initial: _____ Yes No

~ ALL MEMBERS OF THE HOUSEHOLD MUST MEET THE CAT BEFORE AN ADOPTION CAN BE APPROVED ~

Is anyone in your household allergic to pets? Yes No

If yes, how would this be addressed given that you wish to adopt a cat; and if allergies begin after adoption, what will you do then?

Please explain _____

Pet Ownership Preparation:

Why do you wish to adopt this cat? _____

How long have you been thinking about adopting a cat? _____

Do you prefer Male Female No Preference

What preparations have you made to bring this cat home? _____

How much do you estimate it will cost to care for this cat? _____

What adult will have primary responsibility for the care of this cat? _____

Will the cat be Indoor Outdoor Both

Approximately how many hours a day will this cat be home alone? _____

Who will care for this cat when you go on vacation? _____

Under what circumstances would you give up this cat? Check all that apply:

- The cat's main caretaker leaves (college, work, military duty, etc.)
- The cat becomes incontinent or forgets house/litterbox training
- Someone in the family becomes allergic Someone in the family becomes very ill
- The cat becomes aggressive towards a family member The cat has separation anxiety
- The cat requires expensive veterinary care The cat does not get along with other pets
- You have a baby You need to relocate/move

What would happen to your pets if you were unable to keep them due to unforeseen circumstances? _____

Do you have a room where your new cat can be isolated for a short period of time? Yes No

Where will this cat sleep at night? _____

Where will you keep this cats litterboxes? _____

DO YOU CURRENTLY HAVE PETS? Yes No

of Cats: _____ # of Dogs: _____ # of other pets/type: _____

Name: _____ Type: _____ Age: _____

How long have you had this pet? _____ Spayed/Neutered Yes No

Indoor Outdoor Both Declawed? Yes No Up to date on vaccinations? Yes No

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~ PLEASE LIST ANY ADDITIONAL PETS CURRENTLY IN YOUR HOUSEHOLD ON REVERSE ~

PLEASE TELL US ABOUT YOUR PREVIOUS PETS (LAST 5 YEARS)

Name: _____ Type: _____

How long did you have this pet? _____ Spayed/Neutered Yes No

Indoor Outdoor Both Declawed? Yes No How long did you have this pet? _____

What happened to this pet? _____

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~ PLEASE LIST ANY ADDITIONAL PREVIOUS PETS ON REVERSE ~

VETERINARY REFERENCES

Current Veterinarian

Name (or clinic name): _____

Phone number: _____

Address: _____

Have your current cats been tested for Leukemia/FIV? Yes No

How often do your current or previous pets visit the vet? _____

Do you plan on having this cat declawed? Yes No

Previous Veterinarian (if any and for which pets?)

Name (or clinic name): _____

Phone number: _____

Address: _____

PERSONAL REFERENCES

Please provide the name, phone number and email address of three personal references, two of which are NOT family members

Name: _____ Phone number: _____

Email: _____

Name: _____ Phone number: _____

Email: _____

Name: _____ Phone number: _____

Email: _____

I understand that Tiplings reserves the right to refuse adoption to anyone if it is in the best interest of the animal and/or applicant. I certify that the information given is true and complete and I understand that it is subject to verification by Tiplings. Falsifications of any information will render this application void. I further understand that Tiplings reserves the right to follow up, by phone or by home visit, on any adoption, to ensure compliance with the Adoption Contract (seperate).

Signed: _____ Date: _____

Thank you for considering Tiplings for your new family member.

Tip Me Frederick / Tiplings

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