



Proposed Adoptee: _____

Throwaways' Rescue Foundation, Ltd Adoption Application

Thank you for your interest in adopting an animal from **Throwaways' Rescue Foundation, Ltd.** The first step in our adoption process is to complete this application. The second step of the process is a telephone and/or email interview and finally veterinarian and reference referrals. Please understand that you need to go through our adoption process, be approved for adoption, and pay the adoption donation before any animal is officially "yours." We cannot hold animals and deny them the opportunity to be adopted into a loving home.

This application is not a guarantee that a cat will be placed with you. All information will be used solely for the purpose of adoption and will not be shared with anyone outside Throwaways'. **By completing this form, you grant permission for our agents to contact your landlord, veterinarian, and any other contacts deemed necessary.**

This form may seem a bit long, and in depth, but the only reason we ask so many questions is to be sure we find the perfect home for our animals. If the application passes, I agree to a home visit prior to a final adoption decision. **They've already become homeless once, and we want to make sure their next home is FOREVER.**

In order for your application to be considered, please fill out all areas of the application completely. If you do not submit contact information, we will have no way of contacting you, and therefore your application will not do you or us any good. Please fill out the email information if you wish to be contacted. If you are approved to adopt a cat/kitten from TRF, you must bring a safe/sturdy cat carrier to pick up the cat/kitten. **Cardboard boxes are not acceptable carriers and may be considered indicative of the care the cat/kitten will receive and your adoption may be terminated.**

Primary Applicant (Caretaker):

Please Print First and Last Name

Date

Address: Street

City

Zip code

Home Phone

Work Phone

Cell Phone

Email address: _____

Where do you work?

Name of Company	Position	Complete Address

Drivers License #: _____





Throwaways' Rescue Foundation, Ltd *Adoption Application*

Co-Applicant (Caretaker):

_____ Date _____
Please Print First and Last Name

_____ Zip code _____
Address: Street City

_____ Cell Phone _____
Home Phone Work Phone

Email address: _____

Where do you work?

Name of Company	Position	Complete Address

Drivers License #: _____

What kind of Dwelling do you live in? Apartment, Single Family Home, Dormitory, Condominium

If renting, please provide Landlord's name, address and phone number.

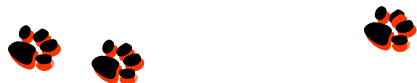
All renters will be requested to provide a copy of their lease stating permission to keep pets in the home. If this is not available, written permission from your landlord will be acceptable.

Please explain why you want to adopt this particular cat/kitten? _____

What do you think are the most important responsibilities in caring for an animal?

Are you willing to take the time to work with your pet on behavioral problems should they arise?





Throwaways' Rescue Foundation, Ltd *Adoption Application*

If behavioral problems arise (biting, scratching, house breaking/training) what steps are you willing to take to work on it? How do you plan to discipline your cat/kitten? _____

How many pets do you currently care for? _____ Please list all pets

Name	Age	Breed (cat or type of dog, Shepherd, Pit, etc.)	Declawed?	Spay/ Neuter	Vaccinations Up to date?	How long have you cared for pet?

Please list the animals you had in the past and no longer have.

Name	Age	Breed (cat or type of dog, Shepherd, Pit, etc.)	Declawed	Spay/ Neuter	What Happened? Please be specific, car accident, lost, give to another family, old age

Use back of page if there is not enough room.

Have you taken your pets to the veterinarian for any reason in the past five years? If yes, why? Please be specific.

Where did you acquire your animal(s)?





Throwaways' Rescue Foundation, Ltd
Adoption Application

What types of food(s) and brand do you feed your animals? How often?

Provide the **name, address and phone** of your veterinarian(s).

Are you in the Military? If so, please explain your plan for accommodating your animals if you are called up for emergency duty or are transferred (CONUS and OCONUS).

Do you travel for work or leisure? If so, please explain your plan for accommodating your animals while you are away.

Are you pregnant or plan to become pregnant? _____

If you become pregnant, what will you do with your pet?

If you move locally, out of state, or the country, what will you do with your pet? _____

Do you plan to declaw this cat/kitten or have his or her tendons cut? _____

If so, please tell us why you would have this procedure done and by which vet: _____

If this cat/kitten should be come ill and need daily medicine such as insulin, thyroid medicine, are you financially capable and willing to continue with long-term medical care? Long term care and run into 1,000s of dollars. _____

Does any member of you household have allergies? If yes, whom and to what: _____

If this cat/kitten should be seriously ill and require emergency hospital care, are you financially capable and willing to provide the necessary care? How much do you think an overnight stay at





Throwaways' Rescue Foundation, Ltd *Adoption Application*

an emergency room would cost? _____

How much do you think it would cost per year to care for this cat/kitten? Please consider food, litter, treats, toys, medical check-ups, vaccines, etc. _____

Where will this cat/kitten stay during the day? _____

Where will this cat/kitten stay during the night? _____

How long will the cat/kitten be alone during an average day? _____

Do you plan to let this cat/kitten outside? Please explain why or why not. _____

Please list the number of people and their ages living or who may live with you and your cat/kitten:

Name (First)	Age	Relationship

Please list at least two references who are not relatives:

Complete Name	Relationship	Phone #

Are you willing to take responsibility of this cat/kitten for the next 18-24 years? _____

I certify that the information provided above is true and factual.

Primary Applicant Signature

Date

Co-Applicant Signature

Date

