



# Adoption Application

[bellaspromisepr@gmail.com](mailto:bellaspromisepr@gmail.com)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # /State Issued: \_\_\_\_\_

Occupation: \_\_\_\_\_ Length with Employer: \_\_\_\_\_

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

Do you live in a: **HOUSE APARTMENT CONDO TOWNHOUSE MOBILE HOME**

Do you: **OWN RENT** How long have you been at this address? \_\_\_\_\_

If renting, provide any pet restrictions: \_\_\_\_\_

If renting\*, Landlord's name and phone: \_\_\_\_\_

*\*Renters must provide a copy of a lease which permits pets, proof of payment of pet deposit if required, and/or written consent from your landlord allowing pets.*

Are you in the process of moving, or anticipate moving in the next 12 months? **YES NO**

Will you ensure that you could take and keep all your pets if you move? **YES NO**

How many people reside in household? Adults (21+): \_\_\_\_\_ Children: \_\_\_\_\_

Ages of Children: \_\_\_\_\_ Does anyone in the household smoke? **YES NO**

Does anyone in the household have allergies to animals? **YES NO** If YES, what kind? \_\_\_\_\_

Who will be the primary caretaker of the cat (feeding, litter box, vet appt's, etc.)? \_\_\_\_\_

Where in the home will you keep the cat when you are not there? \_\_\_\_\_

How many hours in an average day will the cat be alone? \_\_\_\_\_

Who will care for the cat when you go out of town? \_\_\_\_\_

Has anyone in household been charged with an animal related offense? **YES NO**

If YES, explain: \_\_\_\_\_

## What is your past and/or current experience with cats?

1st time owner \_\_\_\_\_ Care for friend's \_\_\_\_\_ Owned as a child \_\_\_\_\_ As an adult \_\_\_\_\_

**List the pets do currently in your household? (use the back needed)**

Name	Breed/Type	Age	M/F	Spayed/ Neutered?	If cat, declawed?	UTD on vaccines?	How long owned?

What kind & brand of cat food will you feed? \_\_\_\_\_

Veterinarian Name/Clinic: \_\_\_\_\_

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

By signing application I authorize my veterinarian to release information on my pets.

Would you have a cat declawed? \_\_\_\_\_

Can you afford the cost to care for this pet for his/her lifetime? (15+ years) \_\_\_\_\_

Are you willing to work with this pet to provide additional attention and training that may be needed during the introduction and adjustment period? \_\_\_\_\_

What behavior would cause you to return the pet? \_\_\_\_\_

Have you ever rehomed a pet to a person or shelter? (Explain) \_\_\_\_\_

Would you agree to a home visit? \_\_\_\_\_

How did you hear about Bella's Promise Pet Rescue? \_\_\_\_\_

Why are you choosing to adopt? \_\_\_\_\_

Please list two personal references:

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

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

I give Bella's Promise Pet Rescue permission to verify the information provided on this application, and understand that any false information will disqualify my application to adopt and/or I will be required to immediately surrender the pet to the Rescue.

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

\_\_\_\_\_  
Signature of Bella's Promise Director Date: \_\_\_\_\_

*Not all pets are suitable for all homes. The information provide will help us make the best match for both you and the pet. Completing an application does not guarantee adoption. We reserve the right to deny any application.*