



**Purrs Abound Siamese Rescue Group of Michigan, Inc.**

P.O. Box 80822, Rochester, MI 48308-0822 E-MAIL: [ADOPTION@PURRSABOUND.COM](mailto:ADOPTION@PURRSABOUND.COM) FAX (248) 920-0463

**View Adoptable Cats at: <http://purrsiameserescue.rescuegroups.org>**

**ADOPTION APPLICATION**

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

NAME OF CAT(S) INTERESTED IN \_\_\_\_\_ DATE \_\_\_\_\_  
IF NO SPECIFIC CAT, LIST AGE, SEX, POINT DESIRED \_\_\_\_\_

*We match available cats to applicants based on our experience and the individual needs of the cat. We also reserve the right to deny any application for any reason without explanation.*

Applicant Name \_\_\_\_\_ Significant other or Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer \_\_\_\_\_ Spouse's Employer \_\_\_\_\_  
City/State \_\_\_\_\_ City/State \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Email \_\_\_\_\_

Work Schedule (Days/Hours per week) \_\_\_\_\_

1. How long have you lived at the above address? \_\_\_\_\_ Rent or Own? \_\_\_\_\_
2. Do you live in a: House Apartment Condo Mobile Home Duplex
3. If renting, Landlord's name and phone number \_\_\_\_\_
4. If pet restrictions by landlord, list them \_\_\_\_\_
5. Are you over 18 years of age? Yes No Do you live with your parents? Yes No
6. Names and Ages of Adults in the Home \_\_\_\_\_

7. Ages of children living in the house \_\_\_\_\_
8. Are you adopting for: yourself family others gift/surprise \_\_\_\_\_
9. What are your reasons for adopting a cat? companion to breed felt sorry for the cat  
animal lover companion for other cat favorite breed for your children
10. Do all members of the household know about and agree with the adoption of a cat? Yes No
11. Does any member of the household have any allergies? Yes No If yes, describe allergy and treatment:  
\_\_\_\_\_
12. Who will be responsible for taking care of the cat? \_\_\_\_\_
13. How many pets have you owned in the past 5 years? \_\_\_\_\_ # of dogs \_\_\_\_\_ # of cats \_\_\_\_\_
14. How many of these pets do you still have? \_\_\_\_\_ Any deceased & when? \_\_\_\_\_ Given up? \_\_\_\_\_ Why?
15. Do any of your current pets go outside? Yes No Live outside? Yes No  
Will your new cat go outside? Yes No If Yes, please explain how you will monitor your pet:  
\_\_\_\_\_
16. Have you previously had experience with a non de clawed cat Yes No If yes, what items or training did you use to eliminate the scratching of furniture etc.? \_\_\_\_\_
17. If you have de clawed a previous or current cat(s), do you know if your veterinarian provided pain medicine following the procedure? Yes No

. Please list information for current pets below and list names of deceased or pets you no longer have:

<u>Pet's Name</u>	<u>Breed/Species</u>	<u>Age</u>	<u>Sterilized?</u>	<u>Declawed?</u>	<u>Felv/FIV test?</u>	<u>Vaccine history</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

18. Vet Information: Clinic Name \_\_\_\_\_ How many years have you been a client? \_\_\_\_\_  
Veterinarian's Name \_\_\_\_\_ Phone \_\_\_\_\_

19. Have you had a dog or cat die of distemper, parvo, feline leukemia or unknown causes? Yes No If so, explain:  
\_\_\_\_\_

20. Do you agree to have annual checkups, all vaccinations, routine preventative care, and emergency care administered by a licensed veterinarian? Yes No If not, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you aware that shots/routine care can cost \$150-\$300 per year? Yes No

21. Describe previous experience with Siamese:

22. Why do you want to rescue a Siamese/Siamese Mix as opposed to getting one from a breeder?

23. Are you prepared to deal with the emotional and/or physical "baggage" that many rescued cats have? Yes No

24. If no, what emotional or physical problems would you not be willing to work with?

25. Are you willing to commit to continuing any special requirements of your new cat, such as special diet, additional litter pans, medications, grooming, etc.? Yes No If no, please explain what special requirements you would prefer to avoid? \_\_\_\_\_

26. If you have a pet now, have you ever introduced it to a new cat? Yes No  
If yes, how did your current animal react? Favorable Difficult adjustment Indifferent  
Other (explain) \_\_\_\_\_

27. Have you ever adopted an animal from a rescue league, humane society or animal shelter before? Yes No  
If yes, which one? \_\_\_\_\_ Approximate date \_\_\_\_\_ Where is animal now? \_\_\_\_\_

28. What times would be convenient to have a representative from Purrs Abound Siamese Rescue visit your home after adoption to assure the cats well-being? \_\_\_\_\_

29. REFERENCES: (not related to you) **Please fill in emails if possible**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

30. How did you hear about us? \_\_\_\_\_

31. Might you be willing to foster a cat while we look for your "forever" companion? \_\_\_\_\_

**Before signing this application, please be aware of the following:**

\*\*As stated earlier, your interest in a particular cat does **not guarantee his/her adoption**. Applications are reviewed based on the date received (with all required references) and adoptions are **approved based on the suitability of a cat to the prospective adopter**. All approved applications are kept on file for 6 months and you will be matched with a suitable cat when one is available.

\*\*If you adopt a cat from Purrs Abound Siamese Rescue, the cat may not be abandoned or relinquished to a shelter. While we cannot guarantee that we will be able to take the cat back into a foster home, we will assist you in locating another home.

\*\*You must immediately contact PASR if a situation should arise in which you can no longer keep the animal, or if it appears that the animal has been lost or stolen.

\*\*Adopted cats may be reclaimed at any time by PASR if it is learned that the terms of your contract are not met or if there is any falsification of information.

\*\*If the cat is too young to be spayed or neutered at the time of adoption, by signing this application, you agree to have the cat spayed or neutered at the appropriate age, providing PASR with confirmation of the sterilization.

\*\*You agree to care for the adopted cat according to all state and local laws, including licensing requirements.

\*\*You agree to maintain proper vaccination of the adopted cat for abies and FVRCP (feline distemper & upper respiratory)

**\*\*You understand that no refunds are given on adoption fees should the adoption not be successful.**

**I certify the above to be true and complete to the best of my knowledge.**

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

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

(If by email, the applicant waives their actual signature and certifies the application by initials here: \_\_\_\_\_, \_\_\_\_\_)



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E-MAIL : [adoption@purrsabound.com](mailto:adoption@purrsabound.com)

**\*\*\*\*MAIL OR TAKE THIS PORTION TO YOUR VETERINARIAN FOR COMPLETION\*\*\*\***

I, \_\_\_\_\_ have applied to Purrs Abound Siamese Rescue to adopt a cat. Purrs Abound requires a Veterinary reference to ensure an appropriate placement. I hereby give permission for you to complete this reference form and answer any questions if a Purrs Abound Representative calls the clinic. *Please also send this form to Purrs Abound Siamese Rescue either via fax, email or regular U.S. mail.*

**Take this for to your Veterinarian to be completed.**

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Veterinary Clinic:** \_\_\_\_\_ **Veterinarian Name:** \_\_\_\_\_

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

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

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

**How long have you known this client?** \_\_\_\_\_

**How many cats does he/she own?** Male \_\_\_\_\_ Female \_\_\_\_\_

**If any pets euthanized / deceased within last 3 years please give brief reason** \_\_\_\_\_

**In your opinion, what is the overall health and well being of the cats or other pets in your veterinary care?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cat 1:** \_\_\_\_\_ **FeLeuk test date** \_\_\_\_\_ **Result?** \_\_\_\_ **FIV test date** \_\_\_\_\_ **Result?** \_\_\_\_

**Date of most recent rabies vaccine** \_\_\_\_\_ **Date of most recent other vaccine** \_\_\_\_\_

**Date of spay** \_\_\_\_\_ **Date of neuter** \_\_\_\_\_ **Date of de claw** -----

**Cat 2:** \_\_\_\_\_ **FeLeuk test date** \_\_\_\_\_ **Result?** \_\_\_\_ **FIV test date** \_\_\_\_\_ **Result?** \_\_\_\_

**Date of most recent rabies vaccine** \_\_\_\_\_ **Date of most recent other vaccine** \_\_\_\_\_

**Date of spay** \_\_\_\_\_ **Date of neuter** \_\_\_\_\_ **Date of de claw**-----

**Have you de clawed any of the applicants cats?** \_\_\_\_\_

**How many dogs does he/she own?** Male \_\_\_\_\_ Female \_\_\_\_\_

**Have all dogs been spayed or neutered:** Yes No

**Are there any reasons why you would NOT recommend placement of a Siamese with this client?**

May we telephone you if needed?    Yes            No

**Veterinarian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*Please use back, copy form or attach extra sheet if needed for multiple animals**