



PurrsAbout
Siamese Rescue of Michigan, Inc.
 Post Office Box 80822 Rochester, MI 48308-0822
www.purrsiamerescue.org

PHONE 866-SIAMCAT  FAX (248) 920-0463
 E-MAIL: PURRPAWS53@AOL.COM
 VIEW CATS FOR ADOPTION

ADOPTION APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

NAME OF CAT(S) INTERESTED IN _____ DATE _____

IF NO SPECIFIC CAT, LIST AGE, SEX, POINT DESIRED _____

Please note that your interest in a specific cat and payment of the \$10.00 application fee does **NOT** guarantee that you will be approved to adopt that particular cat. 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 Around 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 rabies 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: _____, _____)

There is a \$10 non-refundable application fee required before your application is processed. Please include it if mailing your application. If faxing or emailing, you may mail the fee separately or pay to PurrsAbound@aol.com by using www.PayPal.com

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



PurrsAbound
Siamese Rescue of Michigan, Inc.
P.O. Box 80822
Rochester, MI 48308-0822

PHONE (248) 975-8820  FAX (248) 920-0463
E-MAIL : PurrPaws53@aol.com

I, _____ have applied to Purrs Around Siamese Rescue to adopt a cat. Purrs Around 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 Around Representative calls the clinic. *Please also send this form to Purrs Around 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**