

# WELCOME TO KEOKUK ANIMAL SERVICES

## CAT ADOPTION APPLICATION FORM

As the city department for the prevention of cruelty to animals, the Keokuk Animal Services has assumed responsibility for the welfare of every animal that enters its facility.

Our purpose is to place an animal in a responsible home where it will receive veterinary care when needed, and where it will be controlled so as not to become a free roaming animal, or add to the surplus of animals already in the community.

To insure these ends, we have formulated this application form to assist our staff in the careful selection of home placement for our animals available for adoption. Only those persons who are adults of legal age and who complete a satisfactory application will be eligible to adopt pets from the facility. WE RESERVE THE RIGHT TO REFUSE ANY ADOPTION.

### SECTION I

**DATE** \_\_\_\_\_

In order to be considered for an adoption today you must: (1) Be 18 years of age. (2) Have the knowledge and consent of all adults living in your household. (3) Have a valid ID with current address. (4) Have landowner's name and phone number. (5) Understand that Keokuk Animal Services must approve your application.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_

Do you live in a: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Dorm \_\_\_\_\_ With Parents \_\_\_\_\_

I rent \_\_\_\_\_ I own \_\_\_\_\_ Mobile Home \_\_\_\_\_ Farm \_\_\_\_\_

Landowner's Name \_\_\_\_\_ Landowner's Phone \_\_\_\_\_

Landowner's address \_\_\_\_\_

Have you ever adopted a pet from Keokuk Animal Services before? \_\_\_\_\_

Have you ever been refused adoption of a pet from Keokuk Animal Services or any other shelter? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

### SECTION II

Please provide the following information about your household:

Number of adults \_\_\_\_\_ Number of Children \_\_\_\_\_ Ages of children \_\_\_\_\_

1. Which member of your family will hold primary responsibility for the  
FEEDING OF YOUR NEW PET \_\_\_\_\_ TRAINING \_\_\_\_\_

2. Please tell us why you would like to adopt an animal from us. Check all that apply: companion \_\_\_\_\_  
to breed \_\_\_\_\_ for a child \_\_\_\_\_ companion for another pet \_\_\_\_\_ as a mouser \_\_\_\_\_

3. What type(s) of pets do you own or have you owned during the past 5 years?

NAME/TYPE/BREED OF ANIMAL	KEPT WHERE	SEX	AGE	SPAYED/ NEUTERED	STILL OWN	IF NO, WHY NOT & DATE LAST OWNED
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. If you have pets now or had them in the past, who is (was) your veterinarian?  
\_\_\_\_\_ Veterinarian's Phone \_\_\_\_\_

5. What vaccinations has your pet had in the past year? \_\_\_\_\_

6. When was your pet's last visit to the veterinarian? \_\_\_\_\_ Reason? \_\_\_\_\_

7. If you move in the future, what will you do with your pet(s)? \_\_\_\_\_

8. (a) Are you aware that regular yearly preventative medical attention may cost several hundred dollars for a dog or cat and even more for a puppy or kitten? \_\_\_\_\_

(b) Are you aware that in the first year food, pet supplies, and obedience training may cost several hundred dollars for either a dog or cat? \_\_\_\_\_

9. Do any members of your household have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
What kinds? \_\_\_\_\_

10. What times would be convenient for a representative of Keokuk Animal Services to come to your home to check on the animal's well-being? \_\_\_\_\_

**SECTION III**

1. This pet will be alone (without human companionship) for about \_\_\_\_\_ hours per day \_\_\_\_\_ days per week.
2. Where will the cat be kept during: The day \_\_\_\_\_ The night \_\_\_\_\_
3. Do you plan to let your cat exercise outdoors? Yes \_\_\_\_\_ No \_\_\_\_\_ How often? \_\_\_\_\_  
Cats are much safer and healthier if they are kept indoors at all times.
4. Do you understand that state laws and local ordinances require vaccinating and licensing cats? \_\_\_\_\_  
Have you ever been involved with an Animal Control Department? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what were the circumstances? \_\_\_\_\_
5. How will you train your cat to: Stay off furniture/tables \_\_\_\_\_  
Not chew plants \_\_\_\_\_  
Not scratch furniture \_\_\_\_\_
6. What will you do if your cat:  
Urinates outside of the litter box? \_\_\_\_\_  
Keeps you awake at night? \_\_\_\_\_
7. What type of identification do you plan to place on your cat? \_\_\_\_\_
8. Would you consider adopting another cat for companionship for the first? \_\_\_\_\_
9. Do you feel that female pets should be spayed? \_\_\_\_\_
10. Do you feel that male pets should be neutered? \_\_\_\_\_
11. Do you plan to let your pet have kittens? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, why? \_\_\_\_\_
12. Do you understand that pet overpopulation is a serious problem? \_\_\_\_\_
13. It may take your pet two weeks or longer if other pets are involved, to adjust to its new home. Are you prepared to allow this much time to adjust? Yes \_\_\_\_\_ No \_\_\_\_\_
14. How did you learn about Keokuk Animal Services? Daily Gate City \_\_\_\_\_ Friend \_\_\_\_\_  
Veterinarian \_\_\_\_\_ Other \_\_\_\_\_

**SECTION IV**

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting or keeping an adopted pet. I understand that Keokuk Animal Service has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that this application is the property of Keokuk Animal Services.

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

Please understand that there are specific policies on holding animals.

**FOR OFFICE USE ONLY**

Applicant interviewed: Date \_\_\_\_\_ By \_\_\_\_\_

Adoption approval: Yes/No \_\_\_\_\_ If no, why? \_\_\_\_\_

I.D. Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Landowner's approval: Yes/No \_\_\_\_\_ If no, why? \_\_\_\_\_

Landowner's contact name \_\_\_\_\_

Date Notified \_\_\_\_\_

Other comments \_\_\_\_\_

References: (Non-relatives)

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Best time to call \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Best time to call \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Best time to call \_\_\_\_\_