

# K9Kastle Corp. Cat Adoption Application

## K9Kastle Cat Adoption and/or Foster Application

K9Kastle@gmail.com fax: 888-673-0945

Welcome to K9Kastle, an IRC 501(c)(3) public charity  
We are pleased that you have decided to adopt a pet from our organization. The animals available for adoption came here from a variety of sources. All animals are examined upon entry, and their health is routinely monitored while in foster care or boarding facilities, but there is always a chance that an animal is incubating a disease without showing any clinical signs. Any adopted animals are the sole responsibility of the adopter.



In order to be considered as an adopter, you MUST:

- Be 18 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord
- Be able and willing to spend the time and money necessary to provide training, medical training and proper care for a pet.

Please return completed application via email or fax above.

Name(s) of Cat(s) in which you are interested: \_\_\_\_\_

Your Information:

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON and TELEPHONE \_\_\_\_\_

References:

Name	Relationship	Email	Phone

Please complete the following questions.

1. Why do you want a cat? \_\_\_\_\_
2. Is this your first experience with a cat? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Please list your current pets (if any):

Name	Species	Breed	Age & date?	Declawed?	Litter box ok?	How/where kept	Felv/fiv tested & results	Altered?

4. List additional pets have you owned in the past 10 years:

Name	Species	Breed	Age & date?	Date/age departed	Why/how departed?	Altered?

5. List your current and past veterinarian(s): WE CANNOT PROCESS THE APPLICATION WITHOUT THIS INFORMATION

Name	Address	Phone	Pets treated?	Years

6. Please provide information regarding all household members:

Name	Relationship	Age (Under 18 or Adult)	Pet allergies?	Consent to adoption?

7. Do you live in a: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Mobile \_\_\_\_\_

8. Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ Since when have you resided at current address? \_\_\_\_\_

9. If you rent, does your lease permit cats? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please provide your landlord's contact information:

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

Address \_\_\_\_\_

10. Who will be responsible for the care of this cat? \_\_\_\_\_

11. Where will this cat be kept during the day? \_\_\_\_\_ night? \_\_\_\_\_

12. How many hours will it spend alone without human companionship? \_\_\_\_\_ Where will it be kept? \_\_\_\_\_

13. Are you willing to be patient while your new cat learns to trust you? \_\_\_\_\_

Are you willing to be patient while your new cat learns where the litter box is? \_\_\_\_\_

Are you willing to permit the litter box to be where the cat expresses a preference? \_\_\_\_\_

14. Do all of your windows have screens? \_\_\_\_\_

15. Will you permit a home-visit by a member of our volunteer corps, before and/or after the adoption? \_\_\_\_\_

16. If for any reason the placement of this pet did not work out, are you prepared to return the cat to K9Kastle, or to do so upon our demand for any reason given? Your donation is non-refundable. \_\_\_\_\_

17. If a cat, do you have plans to declaw? \_\_\_\_\_

Do you have plans to permit the cat to go outdoors? \_\_\_\_\_

18. a) Are you aware that cats often develop behaviors or health issues upon change of circumstances, such as upper respiratory symptoms, diarrhea, hiding, or litter box rejection? These usually clear up quickly, but can be disconcerting and may need medical attention. \_\_\_\_\_

b) Are you aware that any pet may be harboring an unknown and/or asymptomatic illness or condition, and that once adopted, the pet's care is your responsibility? \_\_\_\_\_

19. Are you prepared to provide a donation along the following schedule? \_\_\_\_\_

Kittens: \$150/\$200 for two

Adults: \$125/\$175 for two or \$150 for a mandatory pair

Seniors/Special needs: \$100/\$150 for two

20. I have been offered the opportunity to review the cat's medical records prior to completing this application. \_\_\_\_\_

21. I understand that the information provided on this application will be considered part of my contract. The adoption may be subject to future verification of information and follow up, and that the adoption may be conditioned on the return of acceptable information. \_\_\_\_\_

K9Kastle reserves the right to refuse adoption to anyone. No animal will be adopted to prospective owners who mislead or fail to provide accurate information on the adoption application.

\_\_\_\_\_  
Signature of Prospective Adopter

For Foster Applications Only:

22. Do you agree that the cat you are willing to foster remains the property of K9Kastle? Yes \_\_\_\_\_ No \_\_\_\_\_

23. Do you agree that K9Kastle reserves the right to find alternate housing for the cat? Yes \_\_\_\_\_ No \_\_\_\_\_

24. Do you agree that we will reimburse expenses upon request, upon presentation of receipts? Yes \_\_\_\_\_ No \_\_\_\_\_

25. Are you willing to have prospective adopters come to your home to meet the pet? Yes \_\_\_\_\_ No \_\_\_\_\_

26. Are you willing to take the cat to one of our vets if necessary, and treat for illness if any? Yes \_\_\_\_\_ No \_\_\_\_\_

27. Do you agree that K9Kastle reserves the right to make all medical and adoption decisions? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Prospective Foster Parent