

AMAL ANIMAL RESCUE FOUNDATION

P.O.BOX 604

SHANNON,GEORGIA 30172

Many of our cats have been neglected and/or abandoned. Due to this fact we have a screening process that must be completed before you can adopt. Below is a form to start this process.

WE CORRESPOND WITH PERSONS WHO HAVE COMPLETELY FILLED OUT THE ADOPTION FORM AND PROVIDED A VETERINARIAN REFERENCE. IF YOU DO NOT HAVE A VETERINARIAN please give us the name of someone who knows you - a neighbor, relative, co-worker or friend - who is a responsible pet guardian. We need their VET'S NAME and PHONE NUMBER and the NAME of their PET. This person will become your sponsor.

Once you've submitted the form or called and left us a message, someone will get back to you just as soon as we can. If you have adoption-related questions, please send us an email.

Name: _____

Address: _____

City/Town: _____

State: _____

Zip code : _____

Telephone: Please enter as 111.111.1111 (using periods)

Home: _____

Work: _____

E-mail Address: _____

Employer: _____

Occupation: _____

Will the cat be kept indoors? Yes _____ No _____

Do you have other cats now? Yes _____ No _____

What is each cat's name and age:

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Are all cats listed under your name at your veterinarian's office?

Yes _____ No _____ NA _____

If NO - please list the cat's name and the guardian's name in the comments section at the bottom of the form.

Are your current cats declawed? Yes _____ No _____ NA _____

Have you declawed your cats in the past? Yes _____ No _____ NA _____

Are they spayed or neutered? Yes _____ No _____ NA _____

Up-to-date on rabies/distemper? Yes _____ No _____ NA _____

If no cats currently, how long since your last cat?

Do you have other animals now? Yes _____ No _____

Please list each animal's name, age, and type of pet:

Name: _____

Age: _____

Type: _____

Name: _____

Age: _____

Type: _____

Name: _____

Age: _____

Type: _____

Are all animals listed under your name at your veterinarian's office? Yes _____ No _____ NA _____

If NO - please list the animal's name and the guardian's name in the comments section at the bottom of the form.

Are they spayed or neutered? Yes _____ No _____ NA _____

Up-to-date on rabies/distemper? Yes _____ No _____ NA _____

The Veterinary Reference information (yours or your sponsor's) is REQUIRED:

Who is your veterinarian?

What is her/his phone number?

Please enter as 111.111.1111 (using periods)

If you do not have a veterinary reference, please supply us with the name of someone who knows you - a neighbor, relative, co-worker or friend - who is a responsible pet guardian. They will become your 'sponsor'.

Sponsor Name: _____

What is her/his phone number? _____

Please enter as 111.111.1111 (using periods)

What is her/his relation to you? _____

Sponsor's veterinarian? _____

What is the vet's phone number? _____

Name(s) of sponsor's pet(s)? _____ -

_____ -

What brand of dry food do you use? _____

What brand of canned food do you use? _____

Do you agree NOT to have this cat declawed? Yes _____ No _____

How many children in your family? _____

How old? _____

Do you live in a house or an apartment? _____

How long have you been at your present location? _____

If renting, do you have your landlord's permission to have a cat?

Yes _____ No _____ NA _____

Landlord's name and phone number: _____

If you must move, will you take your cat with you?

Yes _____ No _____

Do you agree to be called from time to time to find out how the cat is doing?

Yes _____ No _____

Why do you want a

cat? _____

What happened to your last
cat? _____

What if you move and can not take the cat with you?

Additional
Comments _____
