

Time Submitted:

**FOR STAFF USE ONLY**



**Ridgefield Operation for Animal Rescue**

Donofrio Family Animal Shelter

45 South Street

Ridgefield, Connecticut 06877

203.438.0158

www.roar-ridgefield.org

## **Cat Adoption Application**

***Thank you for your interest in adopting from Ridgefield Operation for Animal Rescue!  
It is the goal of our adoption program to find permanent, loving, and responsible homes, and make a match that will last a lifetime.***

**Please Note:**

- ~ ROAR has the right to deny your application for any reason
- ~ This process usually takes 3-5 business days

**Cat's Name:** \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Residence:   •House           •Apartment/Condo           •Other: \_\_\_\_\_

Do you rent or own? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you adopted from ROAR previously? YES/NO

If yes, who and when did you adopt? \_\_\_\_\_

Who will be the primary caretaker of the cat? \_\_\_\_\_

**List Below all current and/or previous pets in your household in the last 5 years:**

Pets Name	Species	Breed/Mix	Live/Deceased	Age	Spay/Neuter	Indoor/Outdoor/Both

**Veterinarian / Clinic Name and Phone Number:**

\_\_\_\_\_  
**Owner's Name on Records:** \_\_\_\_\_

Date Revised: 7/25/18

**List Below two (2) personal references (Not Family, Not your veterinarian):**

Name	Relationship to Adopter	Contact Information

Number of People living in your household: Adults\_\_\_\_ Children (by age): \_\_\_\_\_

Are there any members of your household with allergies to animals? \_\_\_\_\_

Where will the cat spend the day? \_\_\_\_\_ Night? \_\_\_\_\_

Describe the temperament and activity level you are looking for in a cat: (Circle all that apply)

Zippy/High Energy    Cuddler/Lap Cat    Mouser/Outdoor Cat    Quiet

Affectionate    Mellow/Easy Going    Talkative    Independent    Responsive

Cat habits that I just cannot tolerate are: \_\_\_\_\_

The noise/activity level in my home is usually: (Circle all that apply): **Low Medium High**

Do you plan on declawing your adopted cat or kitten? \_\_\_\_\_

What is your contingency plan should you no longer be able to keep the cat? \_\_\_\_\_

**YOUR NEW PET:**

What is your primary reason for adopting? \_\_\_\_\_

Under what circumstance would you need to surrender your pet? (Please circle all that apply)

- Moving •New Baby •New Job •Divorce • Illness in Family • Animal becomes ill
- Housebreaking Problems •Biting •Scratching •Shedding •Destructive Behavior
- Allergies •Fleas •Conflicts w/ children •Conflicts w/ other pets •High Veterinary Cost
- None of the above would be a reason to surrender my pet back to ROAR
- Other (please explain) \_\_\_\_\_

I hereby affirm that I have read and understood this questionnaire and responded completely and honestly. (Please note: Dishonest answers will result in immediate denial of application.) I give my permission to ROAR to contact my landlord regarding their pet policies, to contact my veterinarian for any information regarding my current/previous pets(s), and to contact my two personal references. I also affirm that I am 21 years of age or older.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_