



Cameron Animal Rescue

417 Bloomfield Avenue, Montclair, NJ 07042

973-744-2052 (Office)

CAHadoptions@gmail.com

Kitten/Cat Adoption Application

Personal Information:

Name: _____ Date: _____

Address: _____
Street Apt # Town State Zip

Phone: Cell: _____ Home: _____

Email Address: _____

Please list the name(s) of any other adults in the home and their relationship to you:

Housing Information:

Do you currently live in a: House ☐ Condo ☐ Apartment ☐ Townhouse ☐ Other ☐

Do you currently live with your parents? Yes ☐ No ☐

Do you currently: Rent ☐ Own ☐ Does your landlord permit pets? Yes ☐ No ☐

Landlord's name: _____ Phone Number: _____

Do you currently have any children living in your home? Yes (Ages) _____ No ☐

Is anyone in the household allergic to cats? Yes ☐ No ☐ If yes, who? _____

If you move and are unable to take your pet, what will you do with it? _____

Employment Information:

Company of Employment _____

Location of employment _____

Pet Adoption History:

• Have you ever adopted a pet from a shelter or rescue before? Yes ☐ No ☐

-
- Have you ever had to surrender a pet to a shelter or rescue? Yes ☐ No ☐

If yes, please explain the circumstances: _____

Current and Past Pet Information:

Do you currently have any pets Yes ☐ No ☐ • **Please list any pets you have had in the last 10 years**

1. **Name:**_____ **Type of Animal:**_____ **Gender:**_____

Where did you get pet / Date / Animals' age _____

Spayed/Neutered? Yes ☐ No ☐ Vaccines up to date? Yes ☐ No ☐

Current age -or- age at death: _____ If deceased, date/year of death _____

Any major medical issues? _____

2. **Name:**_____ **Type of Animal:**_____ **Gender:**_____

Where did you get pet / Date / Animals' age _____

Spayed/Neutered? Yes ☐ No ☐ Vaccines up to date? Yes ☐ No ☐

Current age -or- age at death: _____ If deceased, date/year of death _____

Any major medical issues? _____

3. **Name:**_____ **Type of Animal:**_____ **Gender:**_____

Where did you get pet / Date / Animals' age _____

Spayed/Neutered? Yes ☐ No ☐ Vaccines up to date? Yes ☐ No ☐

Current age -or- age at death: _____ If deceased, date/year of death _____

Any major medical issues? _____

4. **Name:**_____ **Type of Animal:**_____ **Gender:**_____

Where did you get pet / Date / Animals' age _____

Spayed/Neutered? Yes ☐ No ☐ Vaccines up to date? Yes ☐ No ☐

Current age -or- age at death: _____ If deceased, date/year of death _____

Any major medical issues? _____

5. **Name:**_____ **Type of Animal:**_____ **Gender:**_____

Where did you get pet / Date / Animals' age _____

Spayed/Neutered? Yes ☐ No ☐ Vaccines up to date? Yes ☐ No ☐

Current age -or- age at death: _____ If deceased, date/year of death _____

Any major medical issues? _____

6. **Name:**_____ **Type of Animal:**_____ **Gender:**_____

Where did you get pet / Date / Animals' age _____

Spayed/Neutered? Yes ☐ No ☐ Vaccines up to date? Yes ☐ No ☐

Current age -or- age at death: _____ If deceased, date/year of death _____

Any major medical issues? _____

Veterinarian Information:

Do you have a veterinarian from a **current** or **previous pet**? Yes ☐ No ☐

If yes, please provide the following information. **If you have used multiple vets, provide info for each:**

Hospital Name: _____

Address: _____
Street Town State Zip

Phone: _____ Name of Veterinarian: _____

Hospital Name: _____

Address: _____
Street Town State Zip

Phone: _____ Name of Veterinarian: _____

Hospital Name: _____

Address: _____
Street Town State Zip

Phone: _____ Name of Veterinarian: _____

Please call your veterinarian's office to give them permission to speak with us.

If using a parent's or spouse's veterinarian for a reference, please provide the spouse or parent's name and their phone number so that the animal hospital can locate the records more easily:

Name: _____ Number: _____

References:

Please provide two (2) references *if you do not have a veterinarian*.

Please do not include friends or family.

Examples of acceptable references are neighbor, boss, co-worker, teacher, coach, business associate. Please let your references know they'll be hearing from one of our representatives.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Cat/Kitten Adoption Information:

Are you applying for a specific animal? _____

Why do you want to adopt a kitten/cat? _____

Do you plan to spay/neuter your kitten/cat? Yes ☐ No ☐ Maybe ☐

How many hours will the kitten/cat be alone each day? _____ Outside each day? _____

If you have a current pet -
Have they ever been around cats? _____ Lived with cats? _____

How does your pet react to people or animals-
Touching their food? _____

Touching their toys? _____

Touching their bed? _____

Touching or being near you or other family members? _____

Is there anything else we should know about your current pet? _____

How did you hear about us? _____

If I adopt a cat/kitten I understand that the terms of the adoption contract I will sign are as follows:

TERMS OF ADOPTION CONTRACT

- The **\$250** adoption donation is **non-refundable** and includes the following:
 - Full initial series of FVRCP and Rabies vaccinations
 - FeLV and FIV testing
 - Initial fecal testing and treatment
 - Prophylactic deworming
 - Spay/Neuter
 - Microchip
 - Feline Bartonella testing and treatment for all cats over 1 year
 - 30 days of free pet insurance
- These **treatments must be provided by Cameron Animal Hospital**. Services rendered elsewhere are the sole responsibility of the owner.
- The **adoption donation does not include** additional pet insurance, additional testing, subsequent vaccinations, or medical care after the animal has been adopted.

- If the animal becomes ill within 14 days of adoption, you must contact Cameron Animal Hospital. Treatment coverage will be determined by the attending veterinarian upon examination. Treatment at any other hospital will not be covered.
- The **kitten/cat must be kept indoors at all times**; it must remain a strictly indoor cat throughout its lifespan.
- If for any reason you are no longer able to care for the kitten/cat, or must move and cannot take the kitten/cat with you, you must surrender it to Cameron Animal Hospital Rescue, which will seek to rehome it. You must not attempt to rehome the kitten/cat on your own, or surrender it to another shelter.
- I understand if I violate this contract in any way or if I have not been truthful on this form, Cameron Animal Hospital Rescue reserves the right to reclaim the kitten/cat at any time. X_____
- I am at least 18 years of age. X_____

Sign: _____ **Date:** _____

Print Name: _____

**Upon completion, please send the completed document or photos
of each page to cahadoptions@gmail.com. Thank you.**