

Animal # _____
Animal Name: _____



P.O. Box 481 • Buhl, ID 83316
e-mail: magicats@filertel.com • www.magicatsrescue.org

Approved/Denied _____
\$ _____ Cash Only
NO REFUNDS

ADOPTION APPLICATION

(All applications must meet adoption guidelines. We reserve the right to deny any application.)

PLEASE PROVIDE COMPLETE INFORMATION.

Date: _____

Name: _____

Residence Address: _____ City: _____ State: _____ Zip _____

Mailing Address: _____ City: _____ State: _____ Zip _____

Residence Phone: _____ Cell Phone: _____

E-mail: _____

Employer: _____ Work Phone: _____

Are you over the age of 18? Yes No (Under age 18 requires written permission from parent or guardian)

Please complete the following questions:

1. Do you own? Yes No Rent? Yes No How Long? _____

Landlord Name and Phone: _____ (Written approval from landlord is required.)

2. How many adults live in the household? _____ Children? _____ Ages? _____

3. Who will be responsible for the pet's care? _____

4. Have you ever adopted an animal from (or returned an animal to) a shelter? Yes No When? _____

5. If you returned an animal, what was the reason? _____

6. Do you plan to give this animal as a gift? Yes No If yes, to whom? _____

Is the recipient prepared to accept a pet as a gift? Yes No

7. List all of the pets you have owned in the past five years:

| Type of Pet | Age | Sex | Spayed/Neutered Yes/No | Kept? In/Out | Do you still own the pet? |
|-------------|-------|-------|---------------------------|-----------------|------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

8. While it is always good practice to introduce your new pet to your own veterinarian, unless otherwise clearly noted, all Magicats have received the following pre-adoption health care: spay or neuter surgery, first and second immunizations, rabies immunization, at least one worming, and have tested Negative for FIV/FELV. As part of the adoption package, pet parents receive the official veterinary records from the attending veterinary practice that documents this health care.

9. Do you have a regular veterinarian? Yes No Name: _____

10. Although we have done our best to bring you a healthy pet, we cannot and do not guarantee its health. Magicats Inc. will not provide any monetary assistance for any adopted animals. By adopting, you take full monetary and medical responsibility for the animal.

Please give a brief explanation of your reasons for wanting to adopt this pet:

I agree that this will be an "Inside Only" pet. Signature: _____

I certify that all the information in this application is true and I understand that false information may void the application.

Signature _____ Adoptions Representative _____