

Road to Home Rescue Support PO Box 7403, Wantagh, NY 11793

Phone: 516 491-3611 / Fax: 516 679 1212 Email: adopt@roadtohomerescue.org www. Road To Home Rescue Support. com



Road to Home Rescue Support - Cats

| Date: | Adoption processed by: | |
|--------------------------------------|--|--|
| Name of Cat You Would Like to Ac | lopt: | |
| How did you hear about or see thi | s cat? | |
| Your Name and Age (must be 21yr | s of age to adopt): | |
| Street Address: | Town/State/Zip | |
| Home/Cell Phone #: | Email: | |
| Place of Employment: | # of yrs Driver's License # | |
| Number of People in Your Househ | old:Children's Ages | |
| Does any member of the family ha | ve allergies to animals? Y N If yes, explain: | |
| Do you currently have pets living v | vith you now? Y N If yes, include Name, Age & Breed of Pet/s: | |
| Are current or previous cats: | Indoor & Outdoor OR - Indoor Only | |
| | Indoor & Outdoor OR - Indoor Only | |
| List all pets you have had in the la | st 10 years. Please include Name, Age, Breed and Year Deceased | |
| Do Your Pets Get Along with Othe | Y N * We only adopt to households where pets are spayed or neutered * r Pets? Y N What precautions would you take to properly introduce ave other animals? | |
| | et? Y N If so, why? | |
| | nals? How Many Hours a Day Will Cat Be Left Alone? | |

| Where will Cat Be Kept When You Aren't Home? _ | |
|--|--|
| Where Will Your Cat Sleep at Night? | Do you plan on declawing? Y N |
| Do You Rent or Own Your Home?If you | own, pls specify if Private HouseCondo/Co-op |
| If You Rent, Please List Landlord's Name /Phone No | umber: |
| Do You Have Screens on ALL Of Your Windows? | |
| How Do You Plan to Give the Cat Daily Exercise? | |
| Please tell us a little bit about your lifestyle and wh | ny you are looking to adopt at this time |
| Is it Ok for Road to Home to Visit Your Home for a | Home Check? YN |
| Have you ever had an application declined for adofacility? | ption of an animal from an animal welfare group/animal control |
| If yes, please explain Y | N |
| <u>VET REFERENCE</u> – Please list NAME and PHONE # c *Please contact your vet to give permission to | |
| NAME | PHONE # |
| ADDITONAL VET INFO | |
| PERSONAL REFERENCES - Please list two reference | es that are NOT family members. |
| NAME: | PHONE #: |
| NAME: | PHONE #: |

ADOPTION FEES

All of our rescue animals are spayed or neutered and fully vaccinated before adoption.

Adoption fees help to offset these costs, as well as their veterinary visits, food and boarding while in our care.

Adult Cats: (1 year and up)- \$100.00 Additional donations are gratefully accepted!

I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal.

I understand that Road to Home Rescue Support will determine which home is most appropriate and that their decision is final.

| Adopter's Signature: | Date: |
|-------------------------|-------|
| Print Name: | |
| Road to Home Signature: | Date: |

10/17