apn Animal Protection Network

COMMUNITY SHARES OF MID OHIO

Date: ____/____/_____

Adoption Application

Thank you for your interest in adopting with APN! We ask that all potential adopters complete an application. This allows us to contact references and helps give a general idea about the kind of animal that best matches your interest. We want to know you better and understand the environment in which your new companion will live. We want the best match for you and your companion and we want a lifetime happy home!

* Indicates required question

1. Email *_____

2. Name and description of cat(s) interested in adopting *_____

   _____

   if no specific cat, what kind of cat are you looking for?

3. **Please type your full name below. By typing your name— your agree to these terms:** *
   All applicants must be 21 years of age or older.

All applicants are subject to a background check.
Incomplete forms will not be considered.
We place great care and emphasis on making thoughtful matches between our cats and their future homes. Every cat has a unique personality and we take the time to understand what each adopter is looking for— to create a lasting, harmonious bond. Our goal is always to ensure the well-being and happiness of both the cat and the adopter. This careful approach helps ensure both you and your new companion are set up for a successful and fulfilling relationship.
Our adoption contract legally binds you to provide proper veterinary care including yearly wellness exam, up-to-date required vaccinations and emergency care if necessary. You also agree to keep the cat on monthly flea/heartworm prevention.
Please note that we do not allow same-day adoptions. Our adoption process is intentionally structured to allow for thoughtful consideration and proper matching based on both the cat and the adopter.

Animal Protection Network (APN) reserves the right to deny an adoption application or revoke approval status at any time for any reason.

5. First Name *_____

6. Last Name *_____

7. Spouse/Partners Name, if applicable *_____

8. Current Address *_____
   Please provide your current address.

9. Drivers License or Government/State Issued ID # and state *_____

10. Phone Number * _____
    Enter your phone number including area code.

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10. Phone Number * _____
    Enter your phone number including area code.

11. How long have you lived at current address?* _____

12. Do you own or rent? *
Mark only one oval.
- ⬭ Own
- ⬭ Rent
- ⬭ Other: _____

13. If you rent, please provide landlord name and phone number. If not applicable, please put N/A. *
_____

14. Current employer * _____

15. If you are unemployed, what is your source of income? If not applicable, please put N/A. *
_____

16. How long have you been employed by your current employer? * _____

17. How many people reside in your household? * _____

18. Name of all persons living in the household and please indicate if adult (A) or child (C).*
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

19. How many animals are currently living in your home? Please indicate species and age. Please list previous pets you or your family have owned in the last 20 years. List pet name, breed, years owned, why you no longer have the animal and where the animal is now. If deceased, please share cause of death. If not applicable, please put N/A. *
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

20. Are all animals in your home spayed or neutered and up-to-date on vaccinations? If not, please explain why. If not applicable, please put N/A. *
_____
_____
_____
_____

21. We will conduct a vet check to ensure current pets are altered and up-to-date on necessary vaccines. Please provide:
*Name and telephone number of your current and past veterinarian(s)
*What owners name is associated with the account(s)
_____
_____
_____
_____

22. If you do not currently have a vet, what vet do you plan to go to?*
_____

23. Do you have reliable transportation to take your pets to and from the vet? This may include ride share services.
Mark only one oval.
- ⬭ Yes
- ⬭ No
- ⬭ Other:_____

24. Does anyone in your household suffer from allergies to cats or dogs? If yes, how do you plan to manage this?*

_____
_____
_____
_____
_____

25. Have you ever surrendered a pet to a rescue, shelter or another individual? If so, please explain why and what led to this decision.

_____
_____
_____
_____
_____

26. Who will be the primary caregiver for the cat(s)?*

_____

27. Do you have any preferences regarding the age, sex, appearance or personality of the cat you're looking to adopt?*

_____
_____
_____
_____

28. If the cat you're interested in adopting is no longer available, are you interested in a different cat?
Mark only one oval.
- ⬭ Yes
- ⬭ No

29. Adopting a new pet comes with a new financial responsibility. Do you take food, supplies, vet bills and vet emergencies into account when adopting? Please describe your plan for managing both routine and any emergency veterinary care. Have you considered how you would handle a vet bill of $500–$5000 if something unexpected happened? *

_____
_____
_____
_____

30. What is your plan if your pet develops a chronic health condition that requires lifelong medication or is injured and needs emergency medical care?

_____
_____
_____
_____

31. APN requires you to agree that cat(s) adopted be indoor cats only. _____ (initial) *
If you have other cats already are they:
- ⬭ Indoor only
- ⬭ Outdoor only
- ⬭ Leash/harness trained and not free roaming
- ⬭ Indoor/Outdoor

32. APN requires you agree never to declaw the cat you want to adopt . _____ (initial) *
Do you currently have a declawed cat or have you ever had a declawed cat. Please explain.

33. Please indicate strategies you will use if cat scratches furniture?*

34. Please explain your method of training and/or discipline.

35. What circumstances would cause you to relinquish this pet?

36. New pets can take 2-6 weeks to adjust to a new environment. What are your plans for introducing your pet to a new home and helping during this transition?*

37. What will you do if the cat hides for days or isn't immediately affectionate? *

38. Where will your pet sleep? *

39. Where will your pet be when you're not at home?*

40. How much time will your pet be alone during the day?*

_____
_____
_____

41. What will you do with the cat when you go on vacation?*

_____
_____
_____
_____

42. What is your preferred method of cat food?
Mark only one oval.

- ⬭ Dry Food
- ⬭ Wet Food
- ⬭ Raw Food
- ⬭ Mix of all

43. Please upload a picture of your living space*
Upload any relevant photo.
Files submitted: _____

44. Is there anything else you would like to share with us?

_____
_____
_____
_____

45. **TERMS and CONDITIONS**
APN reserves the right to follow up on the adoption in order to protect the welfare of the animal. If the terms and conditions of this agreement are not upheld by the adopter, or if any misrepresentations have been made, APN reserves the right to terminate this agreement and the adopter must return the animal.
If for any reason you cannot keep this animal you are adopting, the animal must be returned to APN regardless of time that has elapsed from date of adoption. Under no circumstances can the animal be taken to a shelter or given away.
**By signing/typing your name below you fully understand and agree to these terms*

_____

46. **Understanding your Responsibility**
I understand that it is my responsibility to see and evaluate this animal for myself before I agree to adopt. I am in full agreement with the terms of adoption and I understand it is my responsibility to evaluate and understand the temperament, physical condition and habits of the animal before I agree to adopt.
**By signing/typing your name you fully understand and agree.*

_____

APN reviewer_____

Approved y/n and date_____

Microchip number_____