



## **APPLICATION FOR FELINE ADOPTION**

Thank you for your interest in adopting a cat rescued by Blue Chip Farm Animal Refuge!

Blue Chip Farm Animal Refuge wants to make certain that every animal adopted goes to a loving home where it will be well cared for, because of this our application asks a number of detailed questions which are necessary for our screening process.

There are a few things we would like you to know:

- Blue Chip Farm Animal Refuge has one location, in Dallas, Pennsylvania, and all prospective adopters must live within a reasonable driving distance of the refuge.
- A visit to Blue Chip Farm Animal Refuge is required for all pet adoptions.
- We are a no-kill animal shelter.
- It is our policy not to allow pet adoptions to homes where any existing pets are not spayed or neutered. “About 2.7 million healthy, adoptable cats and dogs—about one every 11 seconds—are put down in U.S. shelters each year. Often these animals are the offspring of cherished family pets. Spay/neuter is a proven way to reduce pet overpopulation, ensuring that every pet has a family to love them. A solution is possible and starts with each of us taking one small step: **getting our own pets spayed or neutered**. To help stop pet overpopulation further, **consider adopting your next pet from an animal shelter.**” (2015, *Pet Overpopulation*, [humanesociety.org](http://humanesociety.org))
- If you have any questions, please call us at (570) 333-5265 or email [bcfmaryjo@gmail.com](mailto:bcfmaryjo@gmail.com). We try to return calls and emails as soon as possible. Please be patient, we are a volunteer organization and often we are busy caring for the animals.
- When the application is complete, you may:
  - Email it to [bcfmaryjo@gmail.com](mailto:bcfmaryjo@gmail.com)
  - Fax it to 570-333-4986, or
  - Mail it by USPS to: Blue Chip Animal Refuge, 974 Lockville Rd, Dallas, PA 18612
- Please allow up to a week for processing your application. Thank you!

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Date:	Name of cat desired (if known):	Desired: <input type="checkbox"/> Long Haired <input type="checkbox"/> Short haired <input type="checkbox"/> Any
Age of cat desired:	Gender desired: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either	
<b>Applicant Information (must be age 21 or over)</b>		
Name:	Driver's License #:	
Address:		
City:	State:	Zip:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Number of People in Household:	If children are in the household, please list ages:	
Are you or any member of your family asthma or allergies to cats: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?		
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
Employer Address:		Phone#:
How long employed with this employer:		Occupation:
<b>General Information</b>		
How long have you lived at your current residence:		
How Many times have you moved in the past 5 years?	Do you plan on moving soon?	
Type of residence:	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn	
If rental, are cats allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent	
Manager/Landlord (Full name):		Phone number:
Where will cat live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside		
Where will the cat spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside		
How many hours per day will the cat be alone?		Where will the cat stay when left alone?
Describe the activity level in your home:	<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking) <input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (specify)	
Are you or any member of your family asthma or allergies to cats: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?		
Are all members of your household in agreement about adopting a cat? <input type="checkbox"/> Yes <input type="checkbox"/> No		
In the absence of the primary caregiver, who will care for the cat?		
If you have a cat, does it get along with other cats? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have a dog, does it get along with cats? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently experiencing any difficulties with your current pets in terms of health or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have a cat, is it declawed? <input type="checkbox"/> Yes <input type="checkbox"/> No Does it go outside? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to bring your pet to a veterinarian for yearly exams, and for vaccinations as recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing and able to pay the veterinary care, supplies, toys, boarding/pet sitting, food etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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<b>Current and Prior Pet Information</b>				
Have you had pets in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, complete the following chart		
Name of Pet; Type of Pet	Years Owned	Spayed/Neutered Required	Inside/Outside	Where is Pet Now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Have you ever given a pet away to a shelter or rescue group, returned it to a breeder or sold your animals? If yes, explain in detail. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever had a pet for a short time and it didn't work out? If yes, explain in detail. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you, or any other member of your household, ever been investigated by any animal welfare organization, including the Humane Society, SPCA, Animal Control, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you aware that a cat is a large and lifelong commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Would you be willing to have an in-home visit by a Blue Chip representative after you have adopted from us? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever adopted from Blue Chip Farm Animal Refuge? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you hear about Blue Chip?			Would you like to become a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>References</b>				
Current or past veterinarian:			Phone #:	
If vet records would be listed under someone else's name, please list their name and relation to you:			Number of years with this vet:	
<b>Personal References (One family member only)</b>				
# 1 Name:			Relationship:	
Phone:			Best time to contact:	
# 2 Name:			Relationship:	
Phone:			Best time to contact:	
# 3 Name:			Relationship:	
Phone:			Best time to contact:	
I understand that Blue Chip Farm Animal Refuge has the right to deny any application. I give permission for a representative of Blue Chip Farm Animal Refuge to call the references and veterinary practices I have listed. <b>I authorize my veterinarian to release to Blue Chip Farm Animal Refuge any information pertaining to the care of our previous or present pets.</b> I certify that the information I have provided in this Application for Canine Adoption is true and correct. I also acknowledge that falsification of any of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Blue Chip Farm Animal Refuge.				
Adopter Signature _____				Date _____
Blue Chip notes(additional notes on back):				
APPROVED      DECLINED		Blue Chip Representative: _____		