

**Sheepshead Bay Animal Rescue ("SBAR")  
SBAR Adoption Application**

- 1. Name:**
- 2. Address:**
- 3. Home Phone:**
- 4. Cell Phone:**
- 5. Email:**
  
- 6. What is your age?**
  
- 7. What is your occupation and employer?**
  
- 8. Why are you interested in adopting a cat at this time?**
  
- 9. How many cats are you interested in adopting? (Please note that young kittens are adopted out in pairs when the applicant does not have any other cats or dogs at home.)**
  
- 10. What traits are you looking for in a pet (choose all that apply)?**
  
- 11. Is there a specific cat(s) that you are interested in adopting? If yes, please provide their names in order of your preference!**
  
- 12. Will the cat be kept INSIDE or OUTSIDE?**
  
- 13. How many hours will the cat spend alone during weekdays?**
  
- 14. How many hours will the cat spend alone on weekends?**
  
- 15. When no one is home, where will the cat be kept?**
  
- 16. What type of FOOD are you planning to feed the cat?**
  
- 17. We depend on adoption fees to offset the cost of vaccinations, spay/neuter procedures, and other medical costs for the cats we offer for adoption. Are you prepared to pay this**

**expense? We collect \$200 (per adult), \$225 (per kitten), \$450 (bonded pair), or \$275 and higher (specialty breeds).**

**18. We recommend INSURANCE to defray costs of ownership. Are you planning to purchase insurance for your pet's medical needs? (Monthly rates are between \$20-\$80 depending on the age and health of the cat.)**

**19. How often do you plan to take your adopted cat(s) to the veterinarian? (Visits can cost up to \$300 depending on services.)**

**20. An EMERGENCY (a cat eating something poisonous or becoming ill with a disease) can easily cost thousands to handle. What is the dollar amount you are able to commit for a one-time emergency event?**

**21. Is there any reason you would decide to return a pet?**

**22. What would you do if you encountered behavioral or disciplinary issues with your cat?**

**23. Do you plan to declaw your adopted cat(s)? (Please educate yourself about the procedure before responding to this question.)**

**24. Have you ever given up a pet? If YES, please explain.**

**25. Will you have a BACKUP plan for your animals in case something happens to you? Will a friend, relative or colleague be able to take over the care for the cat(s)? Please share your proposed plan and the contact information for that individual.**

**26. In what type of home do you live?**

**27. What size home do you have?**

- 28. Do you own or rent your home?**
- 29. For renters: Have you confirmed that your lease permits the total number of pets you will have in your home? (Please review your lease and contact your managing agent if necessary to have the necessary authorization in place. )**
- 30. For renters: What is your landlord's name and phone number? (Owners: Please type N/A for this question.)**
- 31. Do you have SCREENS on ALL windows? (Falls from windows are a major cause of injury).**
- 32. Please tell us about the members of your household? Do you live...?**
- 33. How many adults reside in your household?**
- 34. How many children reside in your home?**
- 35. Is anyone ALLERGIC to cats in your home?**
- 37. Do you travel frequently for work or pleasure?**
- 38. What do you plan to do with your pet(s) if and when you travel?**
- 39. If you had to move, what would you do with your cat?**
- 40. If you or someone in your household became pregnant and/or a baby joined your household, what would you do with your cat?**
- 41. REFERENCE: Please list the contact information (name and phone number) for a personal reference who does not live with you.**

**42. REFERENCE: Please list the contact information (name and phone number) for a reference unrelated to your first reference who knows you in a different setting, i.e. in a professional context.**

**43. Do you have pets living in your household today?**

**44. Type of pets?**

**45. What are the names and ages of your pets?**

**46. Are these pets all spayed or neutered?**

**47. Are your pets up-to-date on vaccinations?**

**48. When was your pet(s) last seen by your vet? (Month/year)**

**50. Are any of these pets DECLAWED?**

**51. Please provide the name of the VETERINARY PRACTICE and office number. If your pets have seen multiple vets, please provide contact information for each vet. (If the name on the vet account does not match the name on this application, please provide this information too!)**

**52. PRIOR Pet Ownership: Have you owned, lived with, or cared for pets in the past (apart from any you may currently have)?**

**53. If YES, please describe when you had them and why they are no longer living with you, i.e. childhood pets, lived with roommates and their pet, recent death of pet, or taking a pet to the shelter.**

**54. If you had a pet pass away in the last FIVE years, please explain the cause of death and provide that pet's name and the contact details for all the veterinarians who cared for that pet.**

**55. Would you be comfortable with a home visit via video with a trusted volunteer to verify the safety of your home?**

**56. How did you learn about us?**

**57. Have you met other cats in your search yet?**

**58. Enter your name and date below. I certify that the information entered on this application is**

**true, and that I am ready to welcome home my new family member(s) within one week of approval.**

**Please, email to [olgarescue@gmail.com](mailto:olgarescue@gmail.com)**