



CATS ARE TOPS, INC.

PO Box 771 • Annandale, VA 22003 • Phone/Fax: (call first) 703-750-3358 • www.catsaretops.org

ADOPTION APPLICATION

Please Print

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

How did you hear about Cats Are Tops? _____

Do you Rent* Own Apartment House Condo* Live with parents Other _____

How long have you been at your present address? _____ Do you have your landlord's/condo's permission to own a pet? Yes No

*Name and phone number of landlord/complex/property manager _____

Are you planning to move in the next six months? Yes No Would your cat go with you if you moved? Yes No

How many adults are in your household? _____ Children? _____ Ages: _____

If an allergy developed, are you willing to take steps to keep the cat? Yes No

Are family members aware that you are considering adopting a pet? Yes No Are you willing to provide a lifelong home for your pet? Yes No

If your family changed (*marriage, divorce, new baby*) would you keep the cat? Yes No

Please list all pets you currently have in your household or have had in the last 5 years

Type of Pet	Sex	Age	Neutered	Kept Where	Time Owned/What happened?
1 _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out _____	
2 _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out _____	
3 _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out _____	
4 _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out _____	
5 _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out _____	

Names and phone numbers of 2 personal references who are not family members: _____

Name & phone number of your veterinary hospital _____

Will you provide annual vaccinations and necessary medical care? Yes No Are you willing to provide a lifelong home for your pet? Yes No

Will you let the cat outside? Yes No If yes, Attended Unattended How many hours per day will your cat spend alone? _____

Cats require wholesome food, fresh water, veterinary care, and proper shelter. How much are you willing to spend to properly care for your cat? _____
Who will care for the cat? _____

Where will your cat be kept during the day? _____ At night? _____

Where will your cat sleep? _____ Eat? _____ Where will you keep the litter box? _____

Your cat may take several months to adjust to his/her new home. Are you willing to allow this much time for the adjustment? Yes No

If your cat gets lost, in addition to contacting Cats Are Tops, what steps would you take to find it? _____

What will you do if your new cat doesn't get along with your present pet(s) _____

What type of cat do you desire? (*check all that apply*) male female either kitten adult either declawed

short hair long hair house cat outside cat companion company for other pet mouser shop cat other

Please describe any specific characteristics you are looking for in a cat _____

How will you care for your cat when you travel, go on vacation, or in case of emergency requiring your extended absence? _____

Do you understand that this cat (or cats) MUST be spayed or neutered at the age of 6 months? Yes No

If at any time you are unable to keep this cat (or cats), do you understand that you MUST return it to Cats Are Tops? Yes No

Do you understand that this cat (or cats) CANNOT be declawed? Yes No

Do you understand that this cat (or cats) CANNOT go outdoors? Yes No

This form is not only to provide proper education on the commitment of owning a new cat/kitten but to ensure that you understand the full responsibility of the care involved with your new pet. Adoptions are subject to approval.

Signature _____ Date _____

Mail or Fax to: Cats Are Tops, PO Box 771, Annandale, VA 22003 • FAX: 703-750-3358 (call first)



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ADOPTION CONTRACT

Please Print

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Cat's Name _____ Age _____

Sex _____ Color/Markings/Breed _____

C.A.T.'s Veterinarian _____ Spayed/Neutered Yes No Due: _____

LOW COST SPAY/NEUTER IS AVAILABLE THROUGH:

- | | | |
|---------------|--|--|
| Virginia | • Animal Welfare League of Alexandria 703-838-4774 | • Spay Inc. 703-521-2677 (www.spay.org) |
| Washington DC | • Humane Society Spay/Neuter Clinic 202-882-5837 | |
| | • Washington Animal Medical Center 202-726-2273 (<i>Offers discounted veterinary and spay/neuter services for metropolitan area residents on limited incomes.</i>) | |
| Maryland | • Montgomery County Humane Society 301-279-1823 | • Montgomery County SPCA 301-948-4266 |
| | • SPCA/Humane Society of Prince George's County 301-262-5625 | • The Lucky Ones Clinic (Hughesville) 301-884-2850 |

I understand that the cat I am adopting is a **(check one)* rescued cat or placement cat. I understand that Cats Are Tops does not and cannot warrant the future health of this cat. I acknowledge that I have reviewed all of the veterinary records that have been made available to Cats Are Tops, and agree to be responsible for any future veterinary care required for this cat or kitten after the date of adoption. ** for foster parent to check*

If the cat I am adopting is six months old or older, I understand that it has tested negative for both feline leukemia and FIV. If the cat I am adopting is younger than six months old, I understand that the cat has tested negative for both feline leukemia and FIV, BUT Cats Are Tops has advised me that an FIV test is inconclusive on kittens under six months of age, and therefore I have been advised to re-test my cat for FIV when it reaches six months of age.

The undersigned specifically agrees to the following:

1. If not already an altered adult, to have the cat spayed or neutered no later than the age of 6 months. A copy of the spay/neuter certificate must be returned to Cats Are Tops at the address above.
2. To provide future veterinary care when needed, at owner's expense, including annual vaccinations as prescribed by owner's veterinarian.
3. To give the cat a permanent home for his/her life (18-20 years).
4. **I understand that Cats Are Tops cats may not be declawed. It is cruel and inhumane to remove a cat's claws, which function as part of its fingers and toes. If you adopt a declawed cat, never permit it to go outside. If you must have a declawed cat, let us know. We may have cats who have already been declawed.**
5. **I understand that Cats Are Tops cats are to be INDOOR ONLY. We believe that no outside area is safe for a cat.**
6. The cat shall not be sold, abandoned, or permitted to be used for the purposes of research, vivisection or experimentation. If at any time, I cannot keep this cat, for whatever reason, **I agree to return the cat to Cats Are Tops and not to a shelter or any other organization.**
7. Should the cat become lost or stolen, Cats Are Tops is to be notified immediately. Many animals can be found if action is taken at once. Owner will retrieve cat from any private or municipal shelter when so notified.
8. To comply with all state and local ordinances governing the licensing and ownership of cats.
9. A telephone follow-up will be done by a Cats Are Tops volunteer 4-6 weeks after adoptions. The cat, his home, and his quarters can be inspected for good cause and upon reasonable notice by a Cats Are Tops volunteer and, if in the sole discretion of the Cats Are Tops volunteer, the animal is not being properly treated or cared for, or provisions of this contract have been violated, Cats Are Tops may retake possession of the cat. Owner agrees that such entry shall not constitute trespass on the premises.
10. To make the customary donation (\$55.00 for one cat, \$75.00 for two cats) which helps defray part of the costs of veterinary care incurred by Cats Are Tops. Adoption donations are not refundable after 5 days following the adoption.

I hereby acknowledge receipt from Cats Are Tops of the cat described above and release Cats Are Tops from any liability for damage or injury hereafter caused by said animal. I understand that some or all of the information provided on this adoption contract regarding said cat may have been received by Cats Are Tops from a third party and Cats Are Tops does not warrant the accuracy of such information. If at any time I desire to relinquish custody, or Cats Are Tops demands its return for any good cause, I agree to return said cat to Cats Are Tops, making no charges of any nature for licensing, care, food, or other service or thing. I agree to pay reasonable attorney fees and court expenses if Cats Are Tops must bring legal action against me to enforce this adoption contract. I shall be personally responsible for the humane care and control of the cat, and your volunteer representative shall be allowed to see the cat under the conditions set forth in paragraph 8, above.

I have read and understand this adoption contract and agree to abide by all of its terms.

Signature _____ Cats Are Tops witness _____

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