



# LAST DAY -DOG RESCUE-

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Last Day Dog Rescue  
PO Box 51935  
Livonia, Michigan 48151 – 5935

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[www.lastdaydogrescue.org](http://www.lastdaydogrescue.org)

## Cat/Kitten Adoption Application

**Please check your email frequently during this process. Our Rescue is 100% volunteer based and many work full time jobs. Phone calls aren't always possible and email may be their only means of communication**

Today's Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

CO Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_ Age of Applicant: \_\_\_\_\_

What is the best way to contact you: Home Phone  Cell Phone  Email  Any Phone or Email

Cat's Name that you are applying for: \_\_\_\_\_

Use this space to apply for an additional cat not listed above, or for multiple interests:

\_\_\_\_\_

In the event that the cat you are applying for is no longer available, would you be interested in adopting a different animal? **Please select one of the following options.**

No  **\*\*If no, your application will only be processed for the particular animal you are applying for.**

Yes  **\*\*If yes, your application will continue through the entire process of a vet history check, and interview. If your interview and vet history check are satisfactory your application will be preapproved for 1 year.**

Why have you chosen to adopt this animal? Please be specific:

\_\_\_\_\_  
\_\_\_\_\_

**Do you own or rent your home:** Rent  Own

**If you rent, can you provide written proof or name/number of contact if needed:** Yes \_\_\_\_\_ No \_\_\_\_\_

**In what type of home do you live:** Single Family  Duplex  Apartment  Townhouse   
Condominium  Mobile Home  Military Housing

**What describes your home atmosphere:** Grand Central Station  Moderate Activity  Zen Garden

**How many adults reside in your household:** \_\_\_\_\_

**How many children reside in your household:** \_\_\_\_\_

**If you have children in your household, what are their ages:** \_\_\_\_\_

**Is everyone in your home in agreement about adopting a pet:** Yes  No

**Does anyone in your home have medical or allergy conditions:** Yes  No

**If yes, please Describe:** \_\_\_\_\_

**If allergies present themselves to you or a family member after adoption, what is your plan to handle that situation:**

\_\_\_\_\_

**Who will be the primary caretaker of your adopted pet:** \_\_\_\_\_

**Who will be responsible for caring for your pet during your absence:** \_\_\_\_\_

**Please describe your ideal pet (be specific):** \_\_\_\_\_

**Do you currently have pets:** Yes  No

**Name of Pet:** \_\_\_\_\_ **Type/Breed:** \_\_\_\_\_ **Age of Pet:** \_\_\_\_\_

**If you have more than one pet what are their names, ages, type/breed:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is/are your current pet(s) Spayed or Neutered:** Yes  No

**Is/are your current pet(s) current with Vaccines:** Yes  No

**Is/are your current pet(s) given monthly heartworm preventive:** Yes  No

**Is/are your current cat(s) declawed:** Yes  No

Do your pet(s) live inside or outside: Inside Only  Outside Only  Inside & Outside

Other (please explain) \_\_\_\_\_

Other than your current pets, have you had any pets in the past 10 years: Yes  No

Name of Previous Pet (1): \_\_\_\_\_ Type/Breed of Previous Pet (1): \_\_\_\_\_

Age of Previous Pet (1): \_\_\_\_\_ How long did you have Previous Pet (1) \_\_\_\_\_

Why is Previous Pet (1) no longer with you (if deceased, cause and year that they passed): \_\_\_\_\_

Name of Previous Pet (2): \_\_\_\_\_ Type/Breed of Previous Pet (2): \_\_\_\_\_

Age of Previous Pet (2): \_\_\_\_\_ How long did you have Previous Pet (2): \_\_\_\_\_

Why is Previous Pet (2) no longer with you (if deceased, cause and year that they passed): \_\_\_\_\_

**Please contact your vet within 24 hours of submitting this application and give them permission for Last Day Dog Rescue to discuss vetting history with them.**

Were the above pets examined and vaccinated as required by your veterinarian: Yes  No

If no, please explain: \_\_\_\_\_

Veterinarian's Information (Name of vet office, phone numbers, and which pet(s) were seen there. Also please list veterinarian practice/facility where pets receive(d) spay/neuter, vaccinations, testing/prevention care. If any services were performed by a Rescue, please provide name & contact info: \_\_\_\_\_

In whose name are vet records listed: \_\_\_\_\_

Have you ever given up a pet: Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where will your adopted animal sleep: Inside Only  Outside Only  Inside & Outside  Other

If other, please explain: \_\_\_\_\_

**The declawing of a cat is an unnecessary surgical procedure that permanently disfigures the animal and can cause other medical issues. As a result, LDDR will not approve any feline adoptions if a potential adopter is preparing to have this procedure performed.**

Are you planning to declaw: Yes  No

How much time will the animal spend alone during the day: \_\_\_\_\_

Rescue animals require time to adjust to their new environment. What amount of time do you consider to be reasonable for this adjustment: \_\_\_\_\_

What arrangements have you made to care for this pet in the event you can no longer do so (be specific): \_\_\_\_\_  
\_\_\_\_\_

**What behaviors would you be unable to tolerate from a pet (Check all that apply):**

- Litter Box Issues  Fighting  Being on furniture  Hiding from company/family members  Escaping   
Awaking early  Shedding  Scratching Furniture/Curtains   
Not quickly adjusting to other pets in the home  Walking on Tables/Counters   
Getting into garbage  None of these things would make me give up my cat

What methods you plan on using to discourage unwanted behavior(s): \_\_\_\_\_  
\_\_\_\_\_

For what reason would you consider giving up the animal? Please answer this question honestly! Our goal is to place our animals into homes where they will stay FOREVER. As some pets are not meant to live in every situation, we need to know for what specific reasons you would relinquish this cat/dog. (LDDR will ALWAYS take back the animal) Be specific:  
\_\_\_\_\_

If the animal develops or begins one of the listed behaviors that you feel is intolerable, would you consider working with a behaviorist or trainer before giving up the cat: Yes  No

Why do you want this animal: Companion  Child's Pet  Companion to another Pet   
Mouser  Gift  Other

If other, be specific: \_\_\_\_\_

What are your feelings on spaying or neutering animals: \_\_\_\_\_

***Are you aware that a pet requires yearly vaccines/tests and the costs can be a minimum of \$200? Note: Once you factor in food, trips to the groomers, pet sitter or kennel stays while you are on vacation, injuries, and illness; the cost of owning a pet often times can be as much as \$500 or more a year; per pet. Please consider this before deciding to bring an animal into your home and family.***

Yes  No

If adopting a kitten, do you foresee an issue with covering the costs for spay/neuter: Yes  No

If yes, please explain: \_\_\_\_\_

How long have you been looking for a pet: \_\_\_\_\_

Have you Applied Elsewhere: Yes  No

If yes, where and what is the status of that application or adoption: \_\_\_\_\_

You understand that cats have a relatively long lifespan and can live in excess of 20 years: Yes  No

You understand that rescue animals may have unknown medical history: Yes  No

You understand that rescue animals may have unknown behavior history: Yes  No

Would you object to a "Last Day Dog Rescue" representative visiting/calling you after the adoption is complete to inquire about the animal: Yes  No

**How did you hear about LDDR:** Previous LDDR Adopter  Word Of Mouth  Adoption Event   
Google Search  Petfinder  Pets911  Adopt-A-Pet  LDDR Website  Facebook   
Twitter  Pinterest  Other

Thank you for your interest in adopting one of our cats. If you have any questions about any of our cats or the adoption process, please email us at [ourlastdaydogs@gmail.com](mailto:ourlastdaydogs@gmail.com).

Animals are not a commodity. We ask that you and all family members have fully considered the responsibility of adoption as well as efforts and changes that you may need to make on behalf of your cat's behaviors and needs. Please take this decision seriously and well thought out. You should plan to have them for their life span, through their senior days.

I understand that completion of this application will in no way guarantee the adoption of this cat. Furthermore, any falsification of information will result in the immediate denial of this application. By signing this Application, I declare I am at least 18 years of age.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

-----This section to be filled out by a Last Day Dog Rescue Volunteer-----

Application Received By:	_____	Date:	_____
Vet Check Pass? If no, explain:	_____		
Date Phone Interview Performed:	_____		
Additional Comments:	_____		
Application Approved/Denied:	_____	Date:	_____