

Office Use Only
Date app submitted : _____
Date app reviewed : _____
Date applicant contacted: _____
App status/date: _____

Sheets Pet Clinic Cat Adoptions

809 Chimney Rock Court • Greensboro, NC • 27409

petadoptions@sheetspetclinic.com

Visit Sheets Pet Clinic on [Facebook](#) and [Petfinder](#)

Phone (336.852.8488) • (Fax) 336.852.8477

A fully completed application is required before meet-greet. All meet-greets should be scheduled by appointment with the adoption coordinator. No drop-in visits, please. Not all Sheets adoptable cats are housed at the clinic; some are in foster homes and meet-greets must be arranged with the foster family.

Please review “Preconditions for Adoption” (#s 1-5) on p. 4 of this application before applying.

The adopter (primary caretaker) must be the person who completes this application.

Please complete this application thoroughly. Incomplete applications will delay your adoption process.

Adopter’s Name _____

Address with CITY/STATE and ZIP _____

Is this where the cat will live? _____ Best phone to reach you/ leave messages _____

Adopter’s e-mail: _____ (Your email is important because the adoption coordinator communicates mostly be email.)

Specific cats(s) interested in (or) what kind of cat looking for: _____

How many in household? Adults: _____ List children in household and their ages:

Who will be the cat's primary caretaker? _____

Is this your first experience as **primary** caretaker of a cat? _____

List all pets you currently own (are primary caretaker for) or have owned **in the past 5-7 years**, even ones you may have rehomed:

Name	Cat/Dog	Fixed?	Age	Last date at vet's	Reason for that vet visit?	Alive/Deceased?	Reason for death?
------	---------	--------	-----	--------------------	----------------------------	-----------------	-------------------

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Tell us anything else you'd like us to know about your history of pet ownership or your experience with household pets:

List any animals currently **living at your home** that you may NOT be primary caretaker for:

Name of pet	Owner of pet	Cat/Dog	Age of pet	Fixed?	Vet's name/phone
-------------	--------------	---------	------------	--------	------------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever rehomed an animal? Yes / No **If yes, what were the circumstances of/reasons for that rehoming?**

If you have a dog, does it live inside or outside? _____

Do you have a doggie door leading to the outside? _____

If you have a dog, how do you think s/he react to having a new/another/very young cat (if that latter is applicable) around the house? _____

If you have a cat, does it live (circle one) Indoor/Outdoor Outdoor Only Indoor Only

Where will the new kitty live? (Circle one) Indoor/Outdoor Outdoor Only Indoor Only

In reference to possible allergies: Has everyone in the household been around cats recently?

What is the name of the veterinary clinic that currently sees your pets? _____
Phone **with area code** _____

IMPORTANT: (1) In processing this application, Sheets Pet Clinic will call your current vet to verify your pet's/pets' medical history. (2) Could those records be under any names other than your own? If so, what name(s)? _____ *Please know that if we must pursue vet records at multiple vets, the application process can be delayed significantly.*

How often do you think a pet needs to visit the vet? _____

Do you rent or own your home? _____

If you rent, from whom do you rent? ** _____ Phone **with area code** _____

Are you agreeable to home delivery of your new cat? _____

Why do you want to adopt a cat? _____

Is **everyone** in the household agreeable to adopting a cat? _____

Is anyone in the household hesitant about adopting a cat? _____

What is a reasonable amount of time for a pet to adjust to a new home? _____

Under what circumstances would you relinquish your pet? _____

- **I understand** that my pet's CURRENT veterinarian will be called to confirm a history of responsible pet ownership. **Your initials here** _____
- **I understand** that (if applicable) my landlord will be contacted to ensure that a pet is permissible. Proof of paid pet deposit required before adoption. **Your initials here** _____

Preconditions for Adoption:

- (1) Pet cats and dogs, indoor or outdoor, are spayed or neutered.
- (2) Your pet care history shows evidence of annual wellness exams, booster exams, and care as needed.
- (3) Proof of current rabies and distemper vaccines for all pet cats and dogs, indoor or outdoor, is required.
- (4) Pet cats, indoor or outdoor, must have tested negative for FeLV (Feline Leukemia) and FIV (Feline Immunodeficiency Virus). If proof of that negative result can't be submitted, current pet cats will need to combo-tested for FeLV and FIV before the adoption.
- (5) Adopter must show proof that dogs are on heartworm prevention if that prevention isn't purchased from a vet.
- (6) If applicable, proof of pet deposit paid is necessary before adoption.

How did you learn about Sheets Pet Clinic Cat Adoptions? _____

Adopter's name _____ Today's date _____

Adopter's typed name stands as adopter signature