

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](mailto: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 by 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? \_\_\_\_\_

What is the birth date year of 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? \_\_\_\_\_

If your new cat starts scratching furniture or unwanted areas in your environment, would you consider declawing? \_\_\_\_\_

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 be 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