



CAT ADOPTION/FOSTER APPLICATION

◆ 128 Brainerd Lane, Stroudsburg, PA 18360 ◆
◆ Phone: (570) 801-6166 ◆ Fax: (800) 420-8307 ◆
◆ www.camppapillon.org ◆

GENERAL INFORMATION

 ADOPT FOSTER FOSTER TO ADOPT

Today's Date: _____

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Alternate Email: _____

What is your Date of Birth? _____ What is your driver's license number? _____
(Please be aware that we do background checks before adoptions can be approved, this is required)

In what state is your driver's license issued? _____ What is your driver's license expiration date? _____

Which animal(s) are you interested in? (Please list name and Species) _____

If the animal that you are interested in is no longer available, would you be interested in another? Yes No

CO-APPLICANT INFORMATION (Proceed to Next Section if this does not apply)

What is the co-applicant's relation to the applicant? _____

First Name: _____ Last Name: _____

Cell Phone: _____ Email: _____

What is co-applicant's Date of Birth? _____ What is your driver's license number? _____
(Please be aware that we do background checks before adoptions can be approved)

In what state is your driver's license issued? _____ What is your driver's license expiration date? _____

ADDITIONAL APPLICANT/CO-APPLICANT INFORMATION

Please list ALL other names have you used, include maiden names: _____

Physical Address (If different than your mailing address): _____

Please tell us what county you are located in: _____ Township or Borough? _____

How long have you lived at your current address? _____

If you have lived at your current residence for less than 2 years, please list your previous address:

How long are you planning to live at your current residence? _____

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Do you own or rent your home? Own Rent

If you are not listed as the owner of the residence please provide the owner's full name and phone number:

(Note We will contact the Landlord/Owner of the residence)

List all memberships in animal welfare groups or animal rights groups: _____

Is anyone in the household involved in any pet store, commercial breeding operation, or buying for resale? Yes No

If Yes, Please Explain: _____

REFERENCES

Veterinarian and/or Clinic

Have you had any pets within the last 2 years? Yes No

(If you have not had any pets within the last 2 years please provide a personal reference instead)

Vet and/or Clinic Office: _____ Vet Name: _____

Phone: _____ What is the name on the account? _____

Please enter all Veterinarian's Name and Phone Number that any of your current and past pets have seen:

Reference #1 (no family members please) Relationship? _____

First Name: _____ Last Name: _____

Best Phone: _____ Secondary Phone: _____

Reference #2 (no family members please) Relationship? _____

First Name: _____ Last Name: _____

Best Phone: _____ Secondary Phone: _____

PET INFORMATION

Why are you interested in adopting a pet at this time? _____

What traits are you looking for in a pet? Male Female Baby Young Adult
 Companion Protective Companion for Another Pet Other

How much do you expect your yearly expense be for this pet? _____

If your pet needed costly supplements or emergency surgery how would you pay for it? _____

Who in the household will care for the pet? Please Explain: _____

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Will the animal be kept inside or outside? Inside Only Outside Only Inside and Outside

How much time will the animal spend alone during the day? _____

Where and who will care for the pet when you are away overnight or on vacation? _____

What will happen to your pets in the unlikely event that you can no longer care for them? _____

Have you ever surrendered an animal to a shelter or rescue or given away a pet? Yes No

PAST AND CURRENT PET INFORMATION

Animal Name	Breed	Sex	DOB/Age	Time Owed	What happened to him/her?

If your pets are/were **not** spayed or neutered please explain: _____

LIFESTYLE INFORMATION

If anyone in your household ever been convicted of an animal-related charge or any other charge, please explain:

If anyone in your household allergic to animals, please explain: _____

How many people reside in your household? _____

Please provide the names and ages of any **children** that may have contact with your adopted animal, please include whether or not they live with you: _____

Have your children lived with pets? Yes No

Have you thought about how ALL life changes such as having a baby, moving, marrying, going to college, getting a roommate, getting new furniture or rugs, divorcing, changing work hours or commuting time, adopting other pets, etc. could affect your ability to keep or care for this pet? Yes No

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If you were to move are you willing to restrict your choice of housing to places where the type and breed are allowed?

Yes No

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

ADOPTER AGREEMENT

- I am committed to keeping this pet(s) until it dies due to old age or illness even if your family, life, job changes or you move/are moving. Yes No
- I agree to accept immediate & full responsibility for ownership of this pet and to properly license the adopted pet(s) and follow all local and state regulations regarding pet ownership and control. Yes No
- I agree to provide the pet with yearly veterinarian examinations, vaccinations, dental work, etc. Yes No
- In the unlikely event that I adopt a pet that is not already spayed or neutered, I agree to neuter or spay at no later than seven (7) months of age or when a veterinarian suggests. Yes No
- I agree to provide the pet with a safe and loving home, food, water, shelter and sufficient exercise and to NOT keep any animal outside without supervision, including chained or in a pen/kennel, or abandon the pet under any circumstances. Yes No
- I agree to never euthanize the pet unless the veterinarian recommends euthanasia because of tremendous suffering. Yes No
- I agree to keep and consider this pet as a companion and part of the family and not a disposable item. Yes No
- I agree to arrange for boarding or proper daily care in the absence of its owner(s), such as vacations. Yes No
- I agree to never surrender the pet to a third party without express approval of Camp Papillon, but will contact them for advice. Yes No
- I understand that I will be asked to give a non-refundable donation to Camp Papillon to help with spaying/neutering and veterinary care of current and/or future rescued pet(s). Yes No
- I agree to surrender the pet to Camp Papillon if, in the opinion of two Camp Papillon representatives the animal is not being cared for properly, such as being neglected or abused or the lack of veterinary care or any reason that Camp Papillon deems as not being cared for properly. Yes No
- I have reviewed my application carefully and have read, understand, and agree to all of the above conditions. Yes No

I/We certify that the information entered on this application is true and accurate to the best of my knowledge.

Sign your name and date if you agree:

Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____
