2015

Kitten/Cat

**Tiny Tails k-9 Rescue ADOPTION APPLICATION**

**Saving lives 4 paws at a time.**

[**tinytailsk9rescue@live.com**](mailto:tinytailsk9rescue@live.com)

FULL NAME OF ADOPTER

AGE OF ADOPTER

FULL PHYSICAL ADDRESS OF ADOPTER:

MAILING ADDRESS IF DIFFERENT:

HOME PHONE:

CELL PHONE:

WORK PHONE:

EMAIL ADDRESS:

WHERE WILL THE Kitten/CAT BE WHEN YOU GO ON VACATION/AWAY?

DO YOU HAVE OTHER CATS?

ARE THEY ALL SPAYED OR NEUTERED?

DO YOU HAVE A LOCAL VET THAT YOU HAVE DELT WITH BEFORE/ PLEASE PROVIDE CONTACT INFO.

TYPE OF HOME YOU LIVE IN.  APPARTMENT, MOBILE, HOUSE, CONDO ETC?

DO YOU RENT OR OWN YOUR HOME?

DO YOU NEED WRITTEN PERMISSION FROM A LANDLORD?

CONTACT INFORMATION FOR YOUR LANDLORD IS APPLICABLE.

WOULD YOU CONSIDER A KITTEN/CAT WITH A MINIOR MEDICAL ISSUE

IF SO, GIVE EXAMPLE.

WE WILL BE CALLING REFERENCES.  PLEASE PROVIDE AT LEAST ONE REFERENCE THAT IS NOT RELATED TO YOU.

DO YOU HAVE THE MEANS TO FINANCIALLY CARE OF A KITTEN/CAT?

UNDER WHAT REASONS WOULD YOU SEND A KITTEN/CAT BACK TO A SHELTER OR RESCUE?

WILL YOU NEW KITTEN/CAT LIVE INSIDE YOUR HOME

ANY ADDITION INFO YOU WOULD LIKE TO PROVIDE:

PLEASE RETURN THIS INTO TO: TINY TAILS K-9 RESCUE

P.O. Box 257

MANHATTAN, MT 59741 OR EMAIL BACK TO THE ADDRESS IT CAME TO YOU FROM.

THANK YOU

**By filling out this appication you are agreeing that tiny tails can call your vet or other reference you have provided, and do a home visit. If you have any quesitons about our application please contact the main office at 406-580-2006 Diana..** [**tinytailsk9rescue@live.com**](mailto:tinytailsk9rescue@live.com) **THERE IS AN ADOPTION FEE THAT PROVIDES SPAY/NEUTER, VACCINATIONS AND WORMING OF YOUR KITTEN/CAT.**