

# A BRIGHTER DAY ANIMAL RESCUE LEAGUE

P.O. Box 14873 Columbus, Ohio 43214

<https://www.abdanimalrescueleague.org/>  
[abdanimalrescueleague@gmail.com](mailto:abdanimalrescueleague@gmail.com)



## Adoption Application: Feline

### 1. APPLYING FOR...

Name: \_\_\_\_\_  Male  Female  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_

### 2. APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Title Preference:  Mr.  Mrs.  Ms.  No Mailing Preference

Are you a US citizen or permanent resident:  Yes  No

Driver's License # \_\_\_\_\_

Place of employment: \_\_\_\_\_ Employer's phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ How long have you been employed there: \_\_\_\_\_

Student:  Yes  No School Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Have you ever had to get rid of a pet:  No  Yes

If yes, what was the reason? \_\_\_\_\_

Have you surrendered to us previously?  No  Yes

Reason: \_\_\_\_\_

### 3. CO-APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Title Preference:  Mr.  Mrs.  Ms.  No Mailing Preference

# A BRIGHTER DAY ANIMAL RESCUE LEAGUE

P.O. Box 14873 Columbus, Ohio 43214

<https://www.abdanimalrescueleague.org/>  
[abdanimalrescueleague@gmail.com](mailto:abdanimalrescueleague@gmail.com)



Are you a US citizen or permanent resident: Yes No

Place of employment: \_\_\_\_\_ Employer's phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ How long have you been employed there: \_\_\_\_\_

Student: Yes No School Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Have you ever had to get rid of a pet:  No Yes

If yes, have you surrendered to us previously?  No Yes

Reason: \_\_\_\_\_

## 4. REFERENCES

Please provide two references (only one can be a family member):

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 5. HOUSEHOLD DESCRIPTION

Residence: House Condo Mobile Home Apartment Townhouse

Do you: Rent Own Live with parents/ guardians

Landlord name/ Condo Association/ Guardian: \_\_\_\_\_

Landlord / Condo Association/ Guardian phone: \_\_\_\_\_

Landlord email/ Condo Association/ Guardian: \_\_\_\_\_

Pet policy: Yes No I don't know

Pets limit: Yes # \_\_\_\_\_ No Pet deposit fee: Yes No

Do you own a crate: Yes No

If yes, please list approximate measurements: \_\_\_\_\_

Please list everyone 18 or older living in your home (spouse, partner, roommate, children, etc):

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

Please list everyone under 18 in your home and their age:

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

Has anyone living in your home been convicted of a felony? If yes, please explain:

# A BRIGHTER DAY ANIMAL RESCUE LEAGUE

P.O. Box 14873 Columbus, Ohio 43214

<https://www.abdanimalrescueleague.org/>  
[abdanimalrescueleague@gmail.com](mailto:abdanimalrescueleague@gmail.com)



## 6. MOTIVATION FOR ADOPTING

Companion/ Family Pet    Child's Pet    Gift    Companion for other Pet    Mouser

Other: \_\_\_\_\_

How much money do you think you will spend on pet care each year: \$ \_\_\_\_\_

Who will be responsible for the exercise, grooming, health care and feeding of the animal? \_\_\_\_\_

How long do you expect to commit to the cat? \_\_\_\_\_

Where will the cat be kept during the day? \_\_\_\_\_ During the night? \_\_\_\_\_

Will the cat be allowed outside : Yes No

How will the cat be prevented from running off? \_\_\_\_\_

How would you handle spraying or marking? \_\_\_\_\_

How would you handle chewing, scratching, digging and other destruction? \_\_\_\_\_

Do you intend to declaw your cat?  Yes  No

Under what circumstances would you not keep the animal? (check all that apply)

Allergy    Moving    New Baby    Biting    Current pet not adjusting    Other \_\_\_\_\_

# A BRIGHTER DAY ANIMAL RESCUE LEAGUE

P.O. Box 14873 Columbus, Ohio 43214

<https://www.abdanimalrescueleague.org/>  
[abdanimalrescueleague@gmail.com](mailto:abdanimalrescueleague@gmail.com)



## 7. HOUSEHOLD PET(S) HISTORY

Please provide the following information on ALL of the pets you currently have and have had over the last 5 years. If the number of animals exceeds the space available, please request an additional page.

Name: _____	Breed: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

Name: _____	Breed: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

Name: _____	Breed: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

Name: _____	Breed: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

Name: _____	Breed: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

*\*ABD will contact the listed vet(s) so please inform them of our call and allow them to release pet(s) information to ABD*

What diet are you currently feeding your pets? Please include brand name, amount given and the frequency in which it's given \_\_\_\_\_

# A BRIGHTER DAY ANIMAL RESCUE LEAGUE

P.O. Box 14873 Columbus, Ohio 43214

<https://www.abdanimalrescueleague.org/>  
[abdanimalrescueleague@gmail.com](mailto:abdanimalrescueleague@gmail.com)



I certify that all the information in the "Adoption Application Feline" form is correct.

I understand that ABD reserves the right to refuse the adoption of any animal to any person for any reason.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adoption form received by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FOR ABD ADMINISTRATION ONLY:

Approved Date: \_\_\_\_\_

Denied Date: \_\_\_\_\_

Reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pending Reason(s): \_\_\_\_\_

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