



# Fat Kitty City

## Agee Memorial Wildlife Fund

*helping to end needless suffering*

Whereas both the Agee Memorial Wildlife Fund Inc (Agee) and the prospective adopting individual(s) signing below wish to arrange for a suitable home for the animal(s) being adopted, both parties agree to the following:

1. The adoption is being arranged under the premise that all the answers filled out on the application are true and factual. Agee retains the right to void the adoption, refund the adoption fee, and take immediate possession of the animal(s) should any material fact on the application be untrue.
2. Agee is adopting the animal(s) under the representation by the adopting person(s) that in no way will the Animal's well-being be threatened as a result of the adoption. The adopting person(s) is/are representing to Agee that they will provide a suitable environment for the animal(s).
3. In the case of adopting cat(s) or kitten(s), both parties acknowledge that they animal(s) will not be declawed, under any set of circumstances. Should they adopting person(s) find the animal(s) not suited for their home unless unless the animal(s) is/are declawed, the animal(s) will be returned to Agee. Settlement cost, should this occur, will be solely the refunding of the adoption fee.

### WELCOME TO THE AGEE MEMORIAL WILDLIFE FUND ADOPTION PROGRAM

We're glad you are considering adopting a new pet from us. The following information is requested so that we can assist you with your selection of a new pet. This form and consultation with an Agee Memorial Representative are designed to help us determine if the adoption is in the animal's best interest, and to assist you in finding an animal most compatible with your lifestyle.

In order to be considered as an adopter you must:

1. Be 21 years of age or older
2. Have government issued identification showing your present address
3. Have the knowledge and consent of your landlord
4. Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for a pet.

**Completion of this application does not guarantee adoption of an animal. Please print information on both pages.**

Thank You!



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??#	Field	Remarks/Action
<b>BASIC INFORMATION</b>		
1	Name of Applicant	
2	Date (MM/DD/YYYY)	
3	Street Address	
4	City	
5	State	
6	Zip code	
7	Telephone number	
8	Cell number	
9	Email address	
<b>YOUR INFORMATION</b>		
10	Your Age	
11	Is this your first pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	What kind of pet(s) have you had in the past?	
13	Which of these do you still have? (include age, sex and breed)	
14	Have they been spayed or neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	What happened to the pets you no longer have?	
16	Why are you looking for an animal?	<input type="checkbox"/> Companion <input type="checkbox"/> Companion for other pet <input type="checkbox"/> House pet <input type="checkbox"/> Barn cat/mouser <input type="checkbox"/> Watch dog <input type="checkbox"/> Guard dog <input type="checkbox"/> Hunting <input type="checkbox"/> Personal Protection
17	What physical and personality traits are you looking for in a companion animal?	
18	How many adults are there in your household?	
19	How many children in your household?	List ages
20	Does any member of your household have any allergy to animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Who is home during the day?	
22	How many hours each day will the animal be alone?	Explain



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23	What type of residence do you live in?	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium/Townhouse <input type="checkbox"/> Mobile Home <input type="checkbox"/> Trailer <input type="checkbox"/> Other
24	Do you own or rent your residence?	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease
25	If you rent or lease, may we contact the owner to obtain permission for this animal(s) to live at your residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No Owners name: Owners telephone number:
26	Will you keep the animal up-to-date on vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27	Who is your veterinarian?	City/Town:
28	If you go away for a few days or on vacation, who will take care of your pets?	
29	Are you willing to have a representative of the Agee Memorial Wildlife Fund come to see where the pet(s) will be living?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Are you willing to take the responsibility for this pet for the next 10 to 15 years?	
	<b>FOR CATS</b>	
31	Where will you keep your cat?	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
32	Will you have your cat de-clawed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33	Additional comments	

I have hereby answered all the above information truthfully and to the best of my knowledge. I will RETURN the adopted animal(s) back to the AGEE MEMORIAL WILDLIFE FUND, INC., if for any reason the animal(s) should not be suitable.

<b>Signed:</b>	
<b>Dated:</b>	

*The Agee Memorial Wildlife Fund, Inc., will offer medical care up to 15 days from the date of adoption only through cooperative veterinarian's we have an account set up with. Please contact a representative from AMWFI in order to allow us to make the appointment(s). Since we are a non-profit organization, we can only guarantee medical costs in this manner. If you choose to treat the animal through your own veterinarian during the 15-day period, you are fully responsible for all costs incurred.*