



BullyWag, Inc.

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Cat Pre-Adopt / Adoption Application 2023

Name of Pet: _____

This form and a consultation with a BullyWag, Inc. representative are designed to help you find the cat most compatible with your lifestyle.

Completion of this application does not guarantee adoption of a BullyWag, Inc. cat. Please respond to the questions below as completely as possible.

In order to be considered as an adopter, you must:

1. Be 21 years of age or older
2. Have a valid driver's license or other government-issued ID
3. Have proof of the knowledge and consent of your landlord if renting
4. Be willing and able to provide proper care, training and medical treatment
5. Have a good vet reference

Name of potential adopter(s): _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____ Your Age: _____

Email address: _____ Driver's License #: Provide if adopt _____

Occupation: _____ Employer: _____

Employer Address: _____

Number of Adults in Household: _____ Number / Ages of Children: _____

Are the adults in your household aware that you are adopting a cat and in agreement? _____

Who will be the primary caregiver for your new cat? _____

Is any member of the household allergic to cats? _____

What type of housing do you live in? house apartment condo other _____

Do you own or rent? _____ Landlord's Name / Phone #: _____

Do you have a completely fenced yard? _____ What kind of fence / height? _____

Do you have a pool? _____ If yes, is it fenced? _____

DO YOU PLAN ON MOVING IN THE NEXT 5 YEARS? _____

Why do you want a cat? _____

What qualities are you looking for in your new cat? _____

Which of the following behaviors would be a serious problem to you?

Excessive scratching - digging - not getting along with dogs - not getting along with other cats - not good with children - not housetrained - too active - not playful with other animals - not playful with children - not good being left alone - too much shedding

Other:

How many hours each day will the cat be left alone? _____

Where will the cat be kept when alone? _____

Where will the cat be when you are home? _____

Where will the cat sleep at night? _____

Are there times when the cat will be let outside? _____ If yes, when? _____

Why? _____ Will cat be harnessed and/or supervised? _____

Is this your first cat? Yes _____ No _____

Are you familiar with heartworm disease and how to prevent it? _____

If you currently own pets, what heartworm preventative are they using? _____

If you presently have a companion animal(s), please complete:

Name	Breed	Age	Gender	Spayed/Neutered?	Current on Vaccines?
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If you have previously had a companion animal(s), please complete:

Name	Breed	Years owned	What happened?
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Name of your veterinarian: _____

Address: _____ Vet Phone Number _____

Have you ever rehomed, given away, posted on Craigslist or turned an animal into a shelter? ____

If yes, please explain:

If your kitten is not housebroken, how will you correct him/her when there is an accident, and what method will you use to train him/her? _____

How long do you expect housetraining to take? _____

When you go on vacation/travel, who will care for the cat? _____

How much are you willing to spend on medical bills for your cat? _____

What would you do if the bills go over this amount? _____

Are you ready to take responsibility for this cat /kitten for the next 10-18 years? _____

What provisions will you make for the cat should you become unable to care for it?

Have you previously applied to adopt a dog or cat from BullyWag? _____

If yes, when? _____ Please explain: _____

Are you willing to have a representative of BullyWag, Inc. visit where the cat will be living? ____

What days/times are you available for a home visit? _____

INTERVIEWERS, please initial that you have discussed the following topics:

- _____ Heartworm / Flea / Tick Prevention
- _____ Transition advice
- _____ Vaccines
- _____ ID Tag / Microchip (see instructions below)
- _____ Scratching
- _____ Chewing
- _____ Exercise needs
- _____ Medical records / Expenses
- _____ Fees
- _____ Return policy

I certify that the information above is true and understand that false information will result in nullification of this application. **Initial** _____

Return Policy: If you are no longer able/willing to care for this adopted pet, they must be returned to BullyWag, Inc. Under no circumstance should they be given away to a friend or turned into animal control. We will need up to at least two weeks to prepare for their return. **Initial** _____

Refund Policy: There will be no refund of the adoption fee after the two week trial is up. If this pet is returned within the two week trial, a \$25.00 administration fee may be charged. **Initial** _____

Vet Reimbursement Policy: BullyWag, Inc. will reimburse vet bills for a sick visit up to one month after adoption IF pet is taken to one of our rescue friendly clinics or approved to be taken to your vet. We use several different clinics where we get a discount rate. As a non-profit, we cannot afford to pay full price at a full service clinic. BullyWag, Inc. **MUST** be notified immediately prior to this vet appointment for treatment if applying for reimbursement from Bullywag, Inc. **Initial** _____

Microchip Policy: Bullywag, Inc. will pay for and register this pet's microchip once adoption has been finalized. It is up to owner to keep information current by renewing this pet at www.fetch-id.com annually. **Initial** _____

Prospective Adopter Signature: _____ Date: _____

Interviewer Signature: _____ Date: _____

(TO BE FILLED OUT BY INTERVIEWER)

Application: Approved / Denied If denied, please explain: _____