

Gahanna Animal Hospital Adoption Program Requirements to Adopt

To be considered a candidate to adopt, you must meet all the requirements listed below.

Please **initial** next to each statement to confirm that you meet the requirements.

____ I am prepared to make a commitment to my new cat for the rest of its life.

____ My current and/or previous pets have been spayed/neutered and I will have my new cat spayed/neutered if the surgery has not yet been performed. (Note: It is recommended that cats be spayed/neutered at 6 months old)

____ My current and/or previous pets have had a consistent vet history of routine visits and have been kept up-to-date on vaccines. I will work with my vet and agree on a regular schedule for wellness visits, inoculations, and any other tests we agree are necessary for the health and well-being of my new cat.

____ My previous pets have been indoor only. My new cat will be an indoor only cat and considered an important member of my family.

____ I have not surrendered/gotten rid of any pet in the past. If, for any reason, I am unable or unwilling to keep this new cat, I agree to work with Gahanna Animal Hospital to place the cat in a good home.

____ I am financially able to provide routine and emergency care for this cat for his/her lifetime. This includes but is not limited to food, boarding (if necessary), regular vet care & vaccinations, internal worm preventative and flea and tick preventative.

Signature: _____

Date: _____

Print Name: _____

Thank you for your interest in our pets!

Adoption Contract

There is an approximate 48-hour waiting period for adoptions. The 48 hours begins after the potential adopter has visited with the adoptee and submitted a contract in person at the physical establishment of Gahanna Animal Hospital. The adoption fee includes vaccinations already administered, spay or neuter at 6 months of age, 50% off microchipping, and a 10% discount off any adolescent vaccinations not already given.

Spayed/Neutered Cats \$60 Unaltered Male Kitten \$80 Unaltered Female Kitten \$100

Name of pet(s) you are interested in adopting:

Personal Information:

Name: _____

Are you 18 years or older Yes _____ No _____ (if no, you will need a guardian to approve)

Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ - _____ Mobile Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Email: _____ (most communication will be done via email)

How long have you lived at your current address? _____ Years _____ Months

Do you rent or own? _____ Rent _____ Own

If you rent, provide Landlord name, address and phone:

Do you have permission from your landlord to get a cat? _____ Yes _____ No

Are you aware of a pet deposit and monthly fees (if any) required? _____ Yes _____ No

What is your family's lifestyle like? _____ Active and on the go _____ Quiet and relaxed

_____ Entertain frequently _____ Lots of kids in and out _____ Travel frequently

Do you have children? _____ Yes _____ No

If you have children, please list name(s) and age(s):

Name	Age

Adoption Questionnaire

Why did you decide to get a cat?

What are you looking for in a pet?

Who will be responsible for taking care of the cat?

Where will the cat stay when no one is at home?

Who will care for your cat when you are out of town (vacation, etc.)?

Under what condition(s) would you have to give up your cat?

Current & Previous Pet Information

Please provide the following information about your current pets:

All current pets are required to have a history of routine vet visits, be up to date on vaccines, heartworm/flea prevention, and spayed/neutered.

Name	Species & Breed	Age	Up to date on vaccines?	Spayed or Neutered?
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No

If you answered NO to any questions, explain:

Information about any previous pets that are no longer with you:

Previous pets also required to have a history of routine vet visits, vaccines, heartworm/flea prevention

Name	Species & Breed	Age	Kept current on vaccines?	Spayed or Neutered?	Reason pet is no longer with you
			Yes No	Yes No	
			Yes No	Yes No	
			Yes No	Yes No	
			Yes No	Yes No	

Previous Practice Name: _____

Current Practice Name: _____

Current Practice Address: _____

City, State, Zip: _____

Phone Number: (____) _____ - _____

What name is on your account with current practice?: _____

Office Use Only

Vet Check:
Landlord Check:
FDRC __ due on: _____ FELV __ due on: _____ RABF1 due on: _____ FLFIV test result: _____ Bath/TNT <input type="checkbox"/> Revolution Last Applied on: _____ Approximate DOB: _____ I will need spayed/neutered at ~ 6 months yes no I am already spayed/neutered <input type="checkbox"/>
Comments:
Approved <input type="checkbox"/> Conditional approval <input type="checkbox"/> Denied <input type="checkbox"/>
By: _____ Date: _____

Communication with client: