



(903) 253-5335; TYLERTXCATS@GMAIL.COM
ADOPTER PROFILE & QUESTIONNAIRE

In order to be considered for an adoption today you must:

1. Be 21 years or older.
2. Have identification showing your present address.
3. Have the knowledge and consent of all adults living in your household.
4. Be able and willing to spend the time and money necessary to provide the training, medical treatment, and proper care for your pet.
5. For the adopted pets have the cash to pay an adoption fee; O'Malley Alley accepts checks with a valid Texas Driver's license.
6. Understand that O'MALLEY has the right to deny or approve your application; understand that this application will be retained in our files.

PLEASE PRINT OR WRITE LEGIBLY ALL YOUR RESPONSES:

Name _____ Home # _____ Cell # _____
Name of Co-Applicant _____ Home # _____ Cell # _____
Address _____ City _____ Zip _____
How long at this address ____ years / months Do you live in: Home Rent Apartment With parents Mobile Home
Do you own or rent? _____
Name & phone # of landlord if you rent: Landlord _____ Phone # _____
Email address: _____ Date of Birth _____
Employer: _____ Work # _____

Name of Animal adopting: _____ OR Description of animal wanting to adopt: Cat Sex: Female Male
Approx age: _____ Type of personality: _____
What made you decide you wanted to adopt a pet and how long have you been looking? _____
_____ Is this your 1st experience with a pet? Yes No
What is the primary reason you want to adopt? Companion for self / family / pet Gift Other: _____
Have you ever adopted an animal before? Yes No If Yes, from where? _____
Have you ever given up an animal for adoption? Yes No If Yes, why? _____
What is your plan in case of a life changing event (health, financial, divorce, loss of home/job) _____

What percentage of time will your pet be: Indoors: _____%, Outdoors: _____% Do you have a doggie door? Yes No
Number of people regularly in your home: Adults: _____ Children: _____ Ages: _____
Is anyone allergic to pets in your house? Yes No If Yes, details: _____
Who will be responsible for the pet? _____
Will there be any regular extended periods of time your pet will be alone (other than normal work hours)? Yes No
If Yes, please describe what arrangements will be made for the pet regular and emergency care: _____
Do you want to have your pet spayed or neutered? Yes No What brand of food will you provide for your pet? _____
Do you plan to declaw? If yes, Front Paws Front/Back Paws No Are you familiar with the laser declaw method? Yes No
Are you familiar with other alternatives to stop scratching? Yes No Location of the litter box? _____
Can you keep your new pet isolated for at least a week from your existing pets? Yes No Where? _____
Are you familiar with your local city/county regulations requiring pets to be licensed every year? Yes No
To provide food, medical care, registration and grooming for this pet how much do you anticipate spending annually?
\$100 \$200 \$300 \$400 \$500 \$600 or more

ALMOST DONE! PLEASE COMPLETE INFORMATION ON THE BACKSIDE, SIGN AND DATE

CURRENT pets in household

Cat (C) / Dog	Name & Breed	Age	Sex (M/F)	Length of Ownership	Vaccination Due Date or Current?	Neutered (Y/N)	If not neutered, why not?	Declawed? (Y/N)	Percentage of time kept:	
									Indoors	Outdoors

Name of current veterinarian and clinic? _____ Phone No: _____

PREVIOUSLY owned pets (within the last 5 years)

Cat (C) / Dog (D)	Name & Breed	Age	Sex (M/F)	Length of Ownership	Neutered? (Y/N)	If not neutered, why not?	Declawed? (Y/N)	Percentage of time kept:		What became of this pet?
								In-doors	Out-doors	

Name of former veterinarian and clinic? _____ Phone No: _____

Please check ALL the behaviors you are unwilling or unable to deal with, tolerate or work through till resolved:

- Eliminating outside the litter box
 Jumping on counters/tables
 Destructive clawing of furniture or carpet
 Digging in plants
 Mouthiness
 Aggression toward other animals
 Shedding
 Night activity
 Other: _____

Are you familiar with the following diseases:

- Feline Leukemia? Yes No
 Feline Urological Syndrome? Yes No
 Feline Infectious Peritonitis? Yes No
 Feline Immunodeficient Virus? Yes No

I certify that the above is true and that false information may result in nullifying this adoption. I also authorize my veterinarian to release my veterinary records on my personal pets. I authorize O'MALLEY to contact me by phone, email or in person about the information released in this application. I also agree to all provisions of the O'MALLEY contract to return animal to O'MALLEY and to make full payment at the time the animal comes into my possession or I acknowledge that I am subject to criminal and civil prosecution.

Adopter signature: _____ **Date:** _____

Please tell us how you heard about us?
 SPCA
 I am a Previous Adopter
 Petfinder search
 I was Referred by: _____
 My Vet Clinic _____
 Other: _____

O'MALLEY USE ONLY:

COMMENTS: _____

(O'MALLEY initials) APPROVED: _____ REJECTED: _____ REASON: _____ FEE \$ _____