

**SOMERSET REGIONAL ANIMAL SHELTER**  
**100 COMMONS WAY**  
**BRIDGEWATER, NJ 08807**  
**Phone: 908-725-0308**  
**Please email updates and pictures to:**  
**info@srasnj.org**



Cat Name: _____	
Color: _____	Size: _____
Male or Female _____	Age: _____
Temperament: _____	
Preferences: _____	

## Cat Pre-Adoption Application

Somerset Regional Animal Shelter reserves the right to deny an application, and filling out this application does not guarantee an adoption, nor does it commit you to adopting from our shelter. Once an application is reviewed, references checked, and adoptee requirements fulfilled, you will be contacted within 24-48 hours regarding the status of your application.

The following requirements must be met in order to have your application processed:

- Letter from your landlord, and/or copy of your lease, if you rent, or landlord contact info
- A non-family reference
- At least 21 years old
- Kittens under 1 year old \$220, Cats over 1 year old \$165 adoption fee (cash or Visa/Mastercard/Debit)  
Includes spay/neuter, rabies (if cat is of age), distemper, FIV/FELV test, deworming and microchip.

Applicant's Name: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If you have children, please list ages: \_\_\_\_\_

Do you:  own  rent (if rent is checked, proof that you can have a pet will be required)

How did you hear about our shelter?  Website  Newspaper  Social Media Other \_\_\_\_\_ ☹☹☹

Why do you want to adopt a cat?: \_\_\_\_\_

Do you understand that a newly adopted cat will often have a period of adjustment in which he/she may hide and/or may not eat? \_\_\_\_ How long do you feel this period of adjustment will normally take? \_\_\_\_\_

Are you looking for a cat who is:  Already declawed  Who has claws

Please describe the temperament you are looking for in a cat. Check all that apply.

High energy    Quiet/Independent    Outdoor cat    Mellow    Affectionate    Lap cat

I prefer a cat that (check all that apply):

Will be an only pet                       Gets along with other cats  
 Gets along with dogs                       Gets along with children

Where will the cat be kept?    home                       outside                       combination

What would cause you to return a cat to us? \_\_\_\_\_  
\_\_\_\_\_

In the event that you can no longer care for your cat, what is your contingency plan regarding the physical, emotional, and financial responsibilities of your cat? \_\_\_\_\_  
\_\_\_\_\_

Please list all current pets in the household (type, breed, age). \_\_\_\_\_

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Please list your current/former veterinarian.

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

If you do not have a veterinarian, please list the name of the vet you plan on using once you adopt a cat.

Name \_\_\_\_\_ Phone \_\_\_\_\_

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Please list one personal reference (non-relative).

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

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

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By signing below:

- You are giving Somerset Regional Animal Shelter permission to use the information on this application to contact your references.
- You certify that you have read, understood, agree, and will comply with the Somerset Regional Animal Shelter's adoption policy.
- You certify that the information you have provided us on the form is accurate and truthful.

Please Check if you do not wish to be added to our email list (note we do not sell or share our list)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_