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 18 years old
- ☐ Kittens under 1 year old $250, Cats over 1 year old $200, Senior cats over 8 years old $100 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). _____

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 _____

Please list one personal reference (non-relative).

Name: _____

Phone: _____ Relationship: _____

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 _____