

Your Vet: Please provide the following information:

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| If you presently have no animals in your household, please list the last vet you used for pet care. | |
| Vet's name: | Number of years as your vet? |
| Practice name: | |
| Address: | |
| Phone: | May we contact your veterinarian for a reference check? |

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| Have you ever given up an animal before, and if so, why? |
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| What is your previous experience with the Siamese breed? |
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| Why would you like to rescue a Siamese, rather than buying one from a breeder? |
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Two References (Not relatives)

| | Name | Phone (Home) | Phone (Cell) | Phone (Work) | best times to contact | E mail |
|----|------|--------------|--------------|--------------|-----------------------|--------|
| 1. | | | | | | |
| 2. | | | | | | |

Let your references know that you have applied to adopt and that we will be contacting them. Please indicate best times to call.

I certify the above to be true and complete to the best of my knowledge.

Signature: _____ Date: _____

(Adopters must be at least 18 years of age)

We take great pride in doing a good job of placing our cats and the success of our organization relies on the information you provide. We do not intend to be intrusive of your lifestyle/situation, but careful consideration is given to match the right cat to the right home. Thank you for applying to give a cat a home. No one shall be refused permission to adopt, foster or otherwise volunteer for Siamese Rescue Metro, due to race, color, religious affiliation, sexual orientation, physical disability or other protected class..

Return this application:

By mail: Siamese Rescue Metro
132 Winter Street
Media, PA 19063

By e-mail: adoptions@siameserescuemetro.org
Questions? je@siameserescuemetro.org

We have a no declaw, indoor only policy.