

Gahanna Animal Hospital 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 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!

Gahanna Animal Hospital Adoption Contract

There is a 48-hour waiting period for adoptions. The 48 hours begins after the 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 10% discount off any adolescent vaccinations not already given.

Spayed/Neutered Cats \$60

Unaltered Male Kitten \$80
\$100

Unaltered Female Kitten

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 Address: _____

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 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 pets are required to 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 applicable, please provide the following information about any pets you have had in the last 5 years that are no longer with you:

Name	Species & Breed	Age	Kept up to date 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	
			Yes No	Yes No	

Current and/or Previous Vet Name: _____

Practice Name: _____

Address: _____

City, State, Zip: _____

Phone Number: (_____) _____ - _____

Office Use Only

Vet Check
Landlord Check
FDRC_ Due on _____ FeLV _ Due on _____ RABF1 due on _____
Bath/TNT <input type="checkbox"/> FLFIV test result <input type="checkbox"/>
Comments
Approved <input type="checkbox"/> Conditional approval <input type="checkbox"/> Denied <input type="checkbox"/>
By _____ Date _____

Revised 4/5/19 by JRW