



# LA CRESCENT ANIMAL RESCUE

Please submit application to:  
523 S. Chestnut St., PO Box 112, La Crescent, MN 55947  
info@lacscentanimalrescue.com

Name of cat/kitten: \_\_\_\_\_

Name of adopter: \_\_\_\_\_

Approved: ☐ Yes ☐ No

Pickup date: \_\_\_\_\_

## General Information

- You must be at least 18 years old or have written consent of a parent or guardian in order to adopt a pet.
- All requested information must be filled out completely and accurately.
- If the cat or kitten you are requesting is small (<4 lb), please see the special instructions regarding having your pet spayed or neutered.

## Requested Pet Information

Application Date: \_\_\_\_\_ Requested pickup date: \_\_\_\_\_

Cat/Kitten name: \_\_\_\_\_ Case #: \_\_\_\_\_

Cat/Kitten Description: \_\_\_\_\_

## Current Adoption Application Information

Are you adopting this cat for yourself? ☐ Yes ☐ No If for someone else, please explain: \_\_\_\_\_

What qualities are you looking for in a cat? Interacts well with: ☐ Other cats ☐ Dogs ☐ Children and infants

☐ Playful ☐ Quiet ☐ Talkative ☐ Declawed ☐ Other: \_\_\_\_\_

What type of cat are you looking for? Age of cat: ☐ Kitten ☐ Young cat ☐ Adult cat ☐ Senior cat

Gender: ☐ Male ☐ Female Hair length: ☐ Long ☐ Medium ☐ Short Breed/coloring: \_\_\_\_\_

What behaviors would you consider unacceptable enough to consider surrendering this cat?

☐ Biting/scratching ☐ Shedding/grooming ☐ Defecating/urinating ☐ Scratching furniture ☐ Allergies

☐ Incompatibility

☐ Other issues (please explain) \_\_\_\_\_

Who will be primarily responsible for caring for this cat? \_\_\_\_\_

Where will this cat live? ☐ House ☐ Outdoors ☐ Both Are food, water, and shelter available outdoors? ☐ Yes ☐ No

What do you believe is the life expectancy for cats? \_\_\_\_\_

Have you planned for the ongoing costs of owning a cat? ☐ Yes ☐ No

Expected annual costs for veterinary care, vaccinations (rabies, distemper, feline leukemia), etc. \$ \_\_\_\_\_ per year

Expected monthly costs for food, treats, toys, flea/tick prevention, etc. \$ \_\_\_\_\_ per month

Have you been informed of any special medical needs this cat has, and the costs of dealing with them? ☐ Yes ☐ No

## Special Note for Unsterilized Cats and Kittens

If the cat you adopt weighs less than four pounds, it will not be sterilized (spayed or neutered) before adoption. You will be required to bring the cat back to La Crescent Animal Rescue to be sterilized once it reaches four pounds. In order to secure this commitment, you will be asked to write a check for \$100, in addition to any adoption fees. This check will be held by La Crescent Animal Rescue until the cat has been returned for sterilization. The check will then be returned to you.



## PHOTO RELEASE FORM

I, \_\_\_\_\_ with a mailing address of \_\_\_\_\_

City of \_\_\_\_\_, State of \_\_\_\_\_ (hereinafter the "Releasor") grant permission and consent to La Crescent Animal Rescue (LAR) for the use of photographs taken by LAR and photos sent to us by the Releasor for the use of said photographs for presentation under any legal condition, including but not limited to: publicity, copyright purposes, illustration, advertising and web content. The Releasor's name will not be published for confidentiality reasons.

I understand there will be no payment or royalties for this release.

I understand that I may revoke this authorization at any time by notifying La Crescent Animal Rescue in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location. Only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

We, the Releasor and Releasee, understand and agree to the aforementioned terms and conditions.

**Releasor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Releasee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

### Minor Waiver

I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Minor child's parent/guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print name** \_\_\_\_\_ **Date** \_\_\_\_\_



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### Applicant Information

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ Apartment/Lot/Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Best days/times to call: \_\_\_\_\_

### Residence Information

Type of residence: ☐ House ☐ Duplex ☐ Townhouse ☐ Condo ☐ Apartment ☐ Mobile Home ☐ Other \_\_\_\_\_

Do you own your current home? ☐ Own ☐ Rent ☐ Other: \_\_\_\_\_ How long have you lived there? \_\_\_\_\_

Please provide contact information for the current owner/landlord, condo/townhouse association, or mobile home park.

Contact/organization name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Note: La Crescent Animal Rescue will check with landlord/association to verify permission for pet ownership.)

Do you plan to move within the next six months? ☐ Yes ☐ No Where will you be moving? \_\_\_\_\_

Will you own or rent in your new location? ☐ Own ☐ Rent Does your new location permit pets? ☐ Yes ☐ No

What are your plans for your pets when you move? \_\_\_\_\_

### Household Information

How many adults in your current household? \_\_\_\_\_ How many children in your household? \_\_\_\_\_

Are all adults aware of your interest in adopting a cat? ☐ Yes ☐ No Do they agree with your plans? ☐ Yes ☐ No

Names and ages of all adults in household: \_\_\_\_\_

Names and ages of children in household: \_\_\_\_\_

Any allergies to cats? ☐ Yes ☐ No What are your plans for dealing with allergies? \_\_\_\_\_

### Other Pets

How many pets currently live on your property? Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other \_\_\_\_\_

#### Current pets

Name	Type (Dog, Cat, etc.)	Breed	Age	How long owned?

#### Previous pets in last five years

Name	Type (Dog, Cat, etc.)	Breed	Reason no longer owned

Are all current pets sterilized (spayed/neutered)? ☐ Yes ☐ No If not, explain: \_\_\_\_\_

Do all current pets have licenses? ☐ Yes ☐ No ☐ Not sure ☐ Not required (name of town/county \_\_\_\_\_)



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### Veterinarian References

If this is your first pet, where do you plan to obtain veterinary care? \_\_\_\_\_

For current pets, who provides veterinary care? (La Crescent Animal Rescue will check vet references for current pets.)

Clinic name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Previous Adoption/Surrender Experience

Have you ever applied to adopt a pet from La Crescent Animal Rescue? ☐ Yes ☐ No

Was your application approved? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

Type of animal: ☐ Dog ☐ Cat ☐ Other \_\_\_\_\_ Date of adoption: \_\_\_\_\_ Still have that pet? ☐ Yes ☐ No

Have you ever applied to adopt a pet from another shelter? ☐ Yes If so, where? \_\_\_\_\_ ☐ No

Was your application approved? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

Type of animal: ☐ Dog ☐ Cat ☐ Other \_\_\_\_\_ Date of adoption: \_\_\_\_\_ Still have that pet? ☐ Yes ☐ No

Have you ever surrendered a pet to this or any other shelter? ☐ Yes If so, where? \_\_\_\_\_ ☐ No

Type of animal: \_\_\_\_\_ Date of surrender: \_\_\_\_\_ Reason: \_\_\_\_\_

### Personal References

Please list 2 personal references who *are not relatives*:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_