

Serendipity Pet Rescue Adoption Application

Date Cat's Name				Description			
Applicant N	ame						
Address				City _	State	Zip	
Over 18?	Phone		Email	Email			
				Phone #a cat, and if so, have you paid any required deposit/fee?			
Own	Length of	time at current	residence _				
					plain		
-	•	et current and pr					
Pet's Name		Species/Breed		Current or Previous	Spayed/Neutered?	Up-to-date on vaccines?	
Veterinarian's Name/Practice				City/State			
I agree that	the cat I a	dopt will be an i ı	ndoor only	cat and will no	ot be allowed to go ou	tside.	
	_	o spend the mor nations and exar	•	•	provide medical treatillnesses.	ment for this cat	
By signing b	elow, I aut	horize Serendip	ity Pet Resc	cue to contact i	my veterinarian to ver	ify care provided	
pets at my i	rental unit.	I acknowledge	that all info	rmation given	o verify that I have pe on this form is true an otion application.		
Applicant Si			•	,	Date		