



WHEN YOU ADOPT FROM THE KINGDOM ANIMAL SHELTER, YOU SHOULD KNOW...

Our mission statement is: To facilitate the placement of rescued, abandoned, abused or neglected animals in safe, life-long homes. We respect the inherent value of every animal in our care and we strive to prevent overpopulation and cruelty to animals.

Travel Restriction: Typically, Kingdom Animal Shelter adopts cats out to people who reside within a 3 hour distance of the shelter. This is to ensure reasonable travel times for the cat and the adopters.

During the application process the adoption counselor will:

- contact your landlord if you are a renter
- contact your veterinarian for a reference on veterinary care of current and past animals (the adoption counselor is looking to ensure that all current and past animals have been kept up to date with vaccinations and annual wellness checks)
- contact 1 or 2 personal references
- require a face to face meeting between the adoption counselor and the adopter. With the complications due to the recent pandemic, we may ask to meet you and your family members (including animals in your home) via zoom.



During the review of the adoption application, you will be asked to agree to:

- keep cats as indoor only,
- never declaw your cats,
- take the cat to the vet on a yearly basis (or more) for wellness exams (maintain twice yearly wellness checks if your cat is FIV+),
- and keep the cat up to date on vaccinations recommended by the veterinarian.



The average cost for owning a cat is approximately \$700.00 per year, excluding emergencies.

We welcome hearing from you with questions or concerns and pictures and updates after your cat has gone home. Thank you for applying to adopt from the Kingdom Animal Shelter!

Applicant Last Name, First Name:

Received/Reviewed By:

Approved By:

Outcome:

Date: Fee Paid:

Date:



Kingdom Animal Shelter Application

Adoption Foster

Instructions:

The purpose of this application is to help us match you with the pet most suitable for your current household and personal needs. We want both you and your new pet to be happy with the new home. Therefore, please fill out all sections as completely as possible. **If necessary, feel free to attach additional pages. Return this application to KAS** by mail to Kingdom Animal Shelter Adoptions, 1161 Portland Street, St. Johnsbury, VT 05819, email to adoptions@kingdomanimalshelter.com*, or return to the shelter during adoption hours. Note: Kingdom Animal Shelter is an all-volunteer organization. Applications can take up to 3-4 business days to process.

Applicant Information

Full name(s)	
Physical Address City/Town, Zip	
Mailing Address City/Town, Zip	
Home Phone	
Cell Phone or Other Phone	
Email Address	
Employer Name and Address	
Work Phone	

Type of Pet Desired

Is there a particular KAS pet that you are interested in? If so, please provide the name.	
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Please indicate your preferences regarding the pet's gender, age, color, breed, size, hair length, and personality

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age Range	
Housing	<input type="checkbox"/> Indoor <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Outdoor
Coloring	
Hair Length	<input type="checkbox"/> Short Hair <input type="checkbox"/> Medium Hair <input type="checkbox"/> Long Hair
Breed type(s)	
Personality	<input type="checkbox"/> Outgoing <input type="checkbox"/> Independent <input type="checkbox"/> Playful <input type="checkbox"/> Sedate <input type="checkbox"/> Interactive <input type="checkbox"/> Talkative <input type="checkbox"/> Aloof <input type="checkbox"/> Quiet <input type="checkbox"/> Other (Please describe): <input type="text"/>

Homeownership

Do you live in a (check one):	<input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Manufactured Home/Trailer	
Do you rent your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Important: Renters must provide a copy of the lease or other permission from the landlord. Owners must provide proof of ownership (such as a mortgage statement, tax bill, etc.)
If you rent, does your lease allow you to have pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If renting, please provide your landlord's name, address, and phone number:		
How long have you lived at your present address? If less than two years, please provide your previous address:		
Are you planning to change your place of residence in the next 12 months? Please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

What traits are you looking for in a cat? Check all that apply

<input type="checkbox"/> Good with young children <input type="checkbox"/> Good with other cats <input type="checkbox"/> Companion for another cat <input type="checkbox"/> Will be the only cat <input type="checkbox"/> Good with dogs <input type="checkbox"/> Other requirements (describe): <input type="text"/>	<input type="checkbox"/> Leash trained <input type="checkbox"/> Declawed <input type="checkbox"/> Not declawed <input type="checkbox"/> Lap Cat
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Household Information

How many adults are in your household?	
How many children?	
Please provide age of children.	
Is anyone in your household allergic to animals? Please specify.	
Have all household members agreed to adopting a pet?	

About Adopting a Pet

Why do you want to adopt a pet?	
Have you ever adopted from KAS before? If yes, when and which animal?	
How long have you been looking for a pet?	
Where else have you been/are you looking?	
For whom are you adopting this pet?	
If as a gift, does the recipient know they are getting this gift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to allow KAS volunteers to conduct a home visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Kingdom Animal Shelter Application (Continued)

Adoption

Foster

Caring For Your Pet

Are you prepared to care for your pet for the lifetime of the pet (15 to 20 years)?	
<i>The average cost of caring for a pet in Vermont is at least \$700 per year, not including any emergency medical needs.</i> Are you prepared for the financial expense of veterinary care, annual vaccinations, good quality food, licensing, training, etc.? For foster families, the shelter will be responsible for providing veterinary care, food and medicine for cats, and other expenses.	
Do you have time to feed, clean up after, groom, exercise, play with, socialize, train, etc., your pet?	
Would you like some advice to help your new pet adjust to your home, household, and/or any current pets?	
Where will you keep the pet: during the day? during the night? when you are away from home on vacation or business?	
Are you prepared to deal with the possible problems of pet ownership such as flea infestations, behavioral problems, accidents on the carpet, etc.?	
Who will have the primary responsibility of caring for your pet?	
If you work outside the home will anyone be at home to care for the pet during the day? If not, about how long will the pet be alone, and what provisions will you make for the pet while you are gone?	

Past Pet History

Have you had pets in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your animals kept up-to-date on annual exams and vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did any of your pets get their rabies/distemper vaccinations at a clinic/not at your regular veterinarian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you have a certificate or records of the vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have had pets in the past, please specify <ul style="list-style-type: none"> • What types • When you had the pets • What happened to the pets (such as lost, died of old age, died of illness, hit by car, poisoned, etc.) 	
Please include names of past animals for vet reference:	
Current Pets (include names, types, personalities):	

Veterinary References

If you have current or past veterinarians, please provide the contact information below.

Veterinarian #1

Name	
Address	
Phone	
What years? How long have you used this veterinarian?	

Veterinarian #2

Name	
Address	
Phone	
What years? How long have you used this veterinarian?	

Personal References

In addition to your veterinarian references (if you have one), please provide one or two references of persons who have known you and your other pets.

Personal Reference #1

Name	
Phone	
Relationship to You	

Personal Reference #2

Name	
Phone	
Relationship to You	

Other Questions

How did you hear about KAS?	
<input type="checkbox"/> Petfinder.com	<input type="checkbox"/> AdoptAPet.com
<input type="checkbox"/> KAS or Other Website (Please Specify)	<input type="text"/>
<input type="checkbox"/> From My Veterinarian (Please Specify)	<input type="text"/>
<input type="checkbox"/> Another Humane Society (Please Specify)	<input type="text"/>
<input type="checkbox"/> Facebook	
<input type="checkbox"/> Other (Please Specify)	<input type="text"/>
Is there anything else you would like us to know?	<input type="text"/>

By signing below, I signify that

- I have been truthful in completing this application, and
- I understand that any misrepresentation of myself or my intentions, and any untruths contained in this application will disqualify my application and nullify any current and future adoption agreements between myself and KAS.
- If fostering (not adopting), I am able and willing to administer medications to the foster cats and will keep a written record of the medication and provide the records to KAS, and I agree to periodic visits from a KAS representative.

Signature: Date:

* Emails sent to any email address on the @kingdomanimalshelter.com domain may be forwarded to Kingdom Animal Shelter volunteers with email addresses outside of the @kingdomanimalshelter.com domain.



AUTHORIZATION FOR RELEASE OF INFORMATION

(Must be included with Adoption Application)

I, the undersigned, certify that I _____

Print name

- am the owner or
 am the authorized agent of the owner

of _____

Animal's name(s)

And have the authority to execute this document.

I authorize _____

(Vet's name)

to release information in the animal's medical record to Kingdom Animal Shelter

Please specify the portion of the record to be released:

- Medical & Vaccination History Other (please specify)

By signing below, I release the veterinary medical center named above, its employees and officers from legal responsibility or liability for the release of this information to the extent indicated and authorized herein.

This authorization expires 90 days from the date of signature. I understand that this authorization may be revoked but must be done so in writing. The revocation will not be applied retroactively after the information specified herein has been released.

Owner or Authorized Person Signature

Date