



## CAT ADOPTION APPLICATION

Date of Application \_\_\_\_\_

Animal's Name \_\_\_\_\_ Description \_\_\_\_\_

### APPLICANT INFORMATION

PLEASE ANSWER COMPLETELY, DO NOT LEAVE ITEMS BLANK. USE BACK OF FORM IF NECESSARY.

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Tel \_\_\_\_\_ Mobile Tel \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# of Children in Home \_\_\_\_\_ Ages \_\_\_\_\_ # of Adults in Home \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

Type of Housing ☐ Apt. ☐ Condo ☐ Duplex ☐ House ☐ Other \_\_\_\_\_

Do you ☐ Rent ☐ Own ☐ Other \_\_\_\_\_ # yrs there & future plans? \_\_\_\_\_

If Rental, Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Are animals permitted? ☐ No ☐ Yes (Copy of lease may be requested)

How long/where will the animal be left alone per day? \_\_\_\_\_

What animals do you have now? ☐ dogs ☐ cats ☐ other \_\_\_\_\_

List their names, ages, and if spay/neutered \_\_\_\_\_

Type of food fed? Brand? Wet? Dry? \_\_\_\_\_

Have you had animals in the past? ☐ No ☐ Yes If yes, what happened to them? \_\_\_\_\_

Will your new pet be kept ☐ 100% inside? ☐ Outside? ☐ Both? \_\_\_\_\_

Do you declaw your cats? ☐ No ☐ Yes Have you ever had a declawed cat? ☐ No ☐ Yes

Is any member of the household allergic to animals? ☐ No ☐ Yes Does anyone have asthma? ☐ No ☐ Yes

Does a family member have a fear of animals? ☐ No ☐ Yes

If you travel, what arrangements are made? \_\_\_\_\_

PAST PET HISTORY IS NECESSARY FOR US TO CONSIDER YOU FOR ADOPTION— USE BACK OF FORM IF NECESSARY.

Veterinarian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Have you ever given a pet up? ☐ No ☐ Yes To Whom? \_\_\_\_\_

Please explain \_\_\_\_\_

A cat can live 15–20 years. Are you financially prepared and willing to give this cat the recommended medical care it requires for its lifetime? ☐ No ☐ Yes

*There is an adoption fee of \$200, which includes all medical care to date.*