

## Adoption Application

Adopter Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Employer \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relation: \_\_\_\_\_

What type of cat are you interested in?

Male  Female

Kitten 2-6 months  Kitten 6-12 months  Adult  Senior

Name of cat you are interested in? \_\_\_\_\_

Personality Type: \_\_\_\_\_ Color: \_\_\_\_\_

Describe companion animals you **presently** care for, living in your household:

Name: \_\_\_\_\_ Breed - \_\_\_\_\_ Age - \_\_\_\_\_ Neutered - Yes  No

Name: \_\_\_\_\_ Breed - \_\_\_\_\_ Age - \_\_\_\_\_ Neutered - Yes  No

Name: \_\_\_\_\_ Breed - \_\_\_\_\_ Age - \_\_\_\_\_ Neutered - Yes  No

Describe companion animals **NO** longer under your care:

Name: \_\_\_\_\_ Breed - \_\_\_\_\_ Time in your care - \_\_\_\_\_

Neutered - Yes  No  Reason no longer in your care - \_\_\_\_\_

Name: \_\_\_\_\_ Breed - \_\_\_\_\_ Time in your care - \_\_\_\_\_

Neutered - Yes  No  Reason no longer in your care - \_\_\_\_\_

Name: \_\_\_\_\_ Breed - \_\_\_\_\_ Time in your care - \_\_\_\_\_

Neutered - Yes  No  Reason no longer in your care - \_\_\_\_\_

Household Information:

Home  Condo  Apartment  Other  \_\_\_\_\_

Do you share your household? With whom? \_\_\_\_\_

Children? Names: \_\_\_\_\_ Ages: \_\_\_\_\_

Are you permitted to have pets where you live? Yes \_\_\_\_\_ No \_\_\_\_\_

Provide contact for us to verify \_\_\_\_\_

Will your cats be kept indoors only? \_\_\_\_\_

How many hours will the pet be left alone in the household? \_\_\_\_\_

Other Questions:

Do you have a veterinarian? Please give name and contact info: \_\_\_\_\_

What type of food do you plan to feed your cat(s)? - \_\_\_\_\_

(If you have not had previous pets, we will advise you on a nutritious diet)

How long do you intend to keep the pet you are interested in adopting? \_\_\_\_\_

Under what circumstances might you not keep this prospective pet? \_\_\_\_\_

\_\_\_\_\_

If you moved, what would you do with your pet?

Take with me  Contact Us  Contact another rescue group

Advertise for a new home  Give to a friend or family member

Take to Animal Shelter  Don't know

Is there anyone in your household allergic to cats? Yes  No

Are there any circumstances that would cause you to declaw a cat? Yes  No

- If so, what would they be? \_\_\_\_\_

Thank you for completing this application and your interest in providing a loving home to one or more of our animal companions. We understand that your signature will confirm that all of the information on this application is true and in accordance with our contractual protocols. After a determination is made by our team, we will contact you to complete the Adoption Contract and set up a date for home check and adoption.

Signature - \_\_\_\_\_ Date - \_\_\_\_\_

Notes/Questions? :

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