

APPLICATION FOR CAT ADOPTION

Completing this application is the first step toward adopting a cat. This information will help in determining if the cat is a good match for you and your family.

Date _____ Name of Cat (if known) _____

Breed _____ Age of Cat _____ Color/Markings _____

Applicant's Name _____ Driver's License # _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Are you willing and able to make a LIFETIME commitment to the care of this pet (15+ years)? Yes No

Owning a pet is a financial responsibility. Ask yourself these questions: Can I afford to have a pet? Can I afford to feed it quality food? Can I afford to take it to the vet? How much can I spend on veterinary care? Initial that you have read and understand this information. _____

Applicant Age: Over 18 _____ Under 18 _____ (a parent or guardian's permission will be required)

Number of people in household _____ List ages of children under age of 18 _____

Do you have grandchildren that will be visiting? _____ Age(s) of grandchildren _____

Why would you like to adopt a cat? (check all that apply) Companion _____ Gift _____ To Breed _____

For a Child _____ As a Mouser _____ Companion for Another Pet _____ Other _____

Who will be responsible for the care (feeding, grooming, exercise and training) of your new cat? _____

Type of Residence: House _____ Apt _____ Condo _____ Mobile Home _____ Farm/Ranch _____

If rental, are cats allowed? _____ Initial to give permission to call your landlord to confirm _____

Manager/Landlord Name _____ Phone _____

Type of Street: Busy Road _____ Light Traffic _____ Residential _____ Country _____

Speed Limit: _____ Are you planning on moving in the near future? _____

Will your cat be allowed outdoors? _____ If yes, when/how often? _____

How much time will this cat be alone (without human companionship)? _____

Do you plan on declawing your cat? _____ Do any members of your family have allergies to cats? _____

Have you had pets before? _____ If yes, what happened to these pets? _____

List all pets currently in home (type, breed, sex, age) _____

Are all your pets spayed/neutered? _____ If no, why not? _____

Name of Current or Past Vet/Clinic _____ Phone _____

Applicant's Signature _____ *We reserve the right to reject any application.*