



Adoption Form

Cat(s) applying for _____

Name _____		Date _____				
Address _____		City _____				
Postal Code _____		State _____				
Home Phone _____		Work Phone _____				
Cell _____		Email _____				
Other Animals in the household (List name, age and type)						
Name	Cat/Dog	Breed	Sex	Age	Altered	Where did s/he come from?

1. Are you prepared to care for this cat for the rest of her/his life (10-15 yrs)? Yes () No ()
2. Do you own or rent your home? Own () Rent ()
3. If you are currently renting, what is your landlord's name? _____
Phone number? _____
4. Please indicate the number of household members: Adults _____ Children _____
5. What are the ages of the children? _____
6. What kind of exposure have your children had to animals? _____
7. Is anyone in your household allergic to animals? _____
8. Are all household members aware of this adoption? Yes () No ()
9. Have you ever owned a cat before? Yes () No ()
10. How many animals have you had in the last 5 years? Cats _____ Dogs _____ Other _____
11. If they are no longer with you, where are they now? _____
12. Name of veterinary clinic where your adopted animal(s) will be treated: _____
13. Have you ever been refused adoption by any other shelter? Y N Pls explain _____
14. Do you plan to declaw your cat? Yes No Why? _____
15. Do you plan to let your cat outdoors? Yes No How will you ensure his safety? _____
16. If you face financial hardship or need to move to somewhere that does not allow cats, what will you do with your cat? _____
17. Please list three references (personal acquaintance, veterinarian, other pet owner etc)

Name	Role	Phone #
	Vet/Friend/Pet Owner	
	Vet/Friend/Pet Owner	
	Vet/Friend/Pet Owner	

Adoption Approved? _____ Adoption Counselor _____ Date _____

Notes: _____

Interaction observations between adopter(s) , adopters kids and cats _____
