



**P.L.U.T.O RESCUE
CAT ADOPTION APPLICATION**
 PO Box 140889
 Staten Island, NY 10314



*****Please note: Completed Application DOES NOT Guarantee Adoption*****

Cat's Name _____ Date of Application _____

1. Name _____

Address _____

City _____ State _____ Zip _____

Telephone Home _____ Work _____ Email _____

2. Why do you want this pet? (Check all that apply)
 companion gift companion for other pet other, explain: _____

3. Number of people in home: _____ Children in Home _____ Ages _____

4. Type of housing: Apt. _____ Condo _____ Duplex _____ House _____

5. Do you rent _____ or own _____? How long have you resided at your present address? _____

6. If rental, landlord's name: _____ and Phone: _____
 Are animals permitted? _____

7. Where will the pet be kept while alone? _____

8. Does anyone in your household have any known allergies to animals? _____

9. Do you have animals now? _____ What kind? _____
 Ages _____ Are they neutered or spayed? _____
 Has your current pet(s) been around cats before? _____ How do they react? _____

10. Have you had animals in the past? _____ What kind? _____
 What happened to them? _____

11. Veterinarian's Name _____ Address _____ Phone # _____

12. Please list references:

Name: _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____