



# CAT ADOPTION APPLICATION

Your Name \_\_\_\_\_  
 Profession \_\_\_\_\_  
 Phone \_\_\_\_\_  cell  home  business  
 Phone \_\_\_\_\_  cell  home  business  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

HOME CHECK DATE: \_\_\_\_\_  
 CONDUCTED BY: \_\_\_\_\_  
 PAYMENT:  Check # \_\_\_\_\_  
            Credit  
            Cash  
 PROCESS ON: \_\_\_\_\_  
 Spay/Neuter Voucher # \_\_\_\_\_

Cat you wish to adopt: \_\_\_\_\_

Do you have any previous experience as an animal owner?  yes  no

Current veterinarian \_\_\_\_\_

Type of home you live in:  house  apartment  townhouse  other: \_\_\_\_\_

Do you own your own home?  yes  no

Where will this animal live?  indoors  outdoors  indoors and outdoors

Where will this animal sleep?  indoors  outdoors  indoors and outdoors

Areas of your home where your cat will not be allowed: \_\_\_\_\_

How many hours would your cat be without human companionship on average? \_\_\_\_\_

Are you planning on moving in the next six months?  yes  no

If you were to move, what would happen to your cat? \_\_\_\_\_

Do you expect to keep this cat as part of your family for the rest of his/her life?  yes  no

Are you adopting this animal for yourself?  yes  no

If no, please explain \_\_\_\_\_

What will you do if this animal destroys something valuable? \_\_\_\_\_

What do you expect from an animal companion? \_\_\_\_\_

Would you ever declaw your cat?  yes  no

If yes, under what circumstances? \_\_\_\_\_

Have you ever surrendered an animal to a shelter/rescue/humane group?  yes  no

If yes, to whom and for what reason? \_\_\_\_\_

Have you ever given away or given up ownership of an animal?  yes  no

if yes, to whom and for what reason? \_\_\_\_\_

Have you ever been denied adoption by a shelter/rescue/humane group?  yes  no

If yes, by whom and for what reason? \_\_\_\_\_

Do you believe animals should be spayed and neutered?  yes  no

Do you plan on vaccinating your animal annually?  yes  no

List animals you have now or in the past: (Name, species, age)

1.) \_\_\_\_\_  current  passed away  other: \_\_\_\_\_

2.) \_\_\_\_\_  current  passed away  other: \_\_\_\_\_

3.) \_\_\_\_\_  current  passed away  other: \_\_\_\_\_

4.) \_\_\_\_\_  current  passed away  other: \_\_\_\_\_

Other people who live in your household: \_\_\_\_\_ history of cat allergies

Name, relationship, age: \_\_\_\_\_

Name, relationship, age: \_\_\_\_\_

Name, relationship, age: \_\_\_\_\_

Name, relationship, age: \_\_\_\_\_

Are you going out of town in the near future? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Is there anything else you would like to add? \_\_\_\_\_

I hereby certify that the above information is true and correct.

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