



Cat Adoption Application

Please fill out the information below completely and correctly. Be sure to provide an email address for insurance purposes.

ALL QUESTIONS MUST BE ANSWERED FOR APPLICATION TO BE VALID!

Name of cat(s) you are interested in adopting or describe what you are looking for:

Have you met this cat in person? Yes No

Reason for adopting?

- Personal Companion
- Mouser
- Companion for another pet
- Companion for a child
- For Friend/Relative
- Other: _____

Why do you want this particular cat, where did you first see him/her, and what drew you to them?

Adopter Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email Address (must have for insurance): _____

Do all household members know about and agree with adopting this animal? Yes No

How many people live in your household? _____

Do you have any children? Yes No If yes, please list their ages: _____

How do your children behave around cats? _____

If no, do you plan on having children soon? Yes No

Is anyone allergic to hair or dander? Yes No

Are you willing to permit a home check? Yes No

Who will be responsible for the care of this animal? _____

Will you declaw this cat? Please be aware that declawing may cause behavioral and housebreaking problems. Additionally, if they ever go outside (on purpose or accidentally) they are completely defenseless.

Yes No

If yes, why? Are you aware of any alternatives to declawing? _____

Housing

Type of Residence? House Apartment Mobile Home Townhome Farm

Setting? Country City Suburban/Subdivision

How long have you lived at your current address? _____

Do you own or rent your home? Own Rent Live with friend/relative

If you rent, are animals permitted by landlord? Yes No Is a pet deposit required? Yes No

Are there any size or breed restrictions, if so what are they?

Please provide the name and number of your landlord:

Day-To-Day

How many hours will the cat be left alone? _____ During what time frame? _____

Where will he/she be kept when alone? _____

During the day? _____ At night? _____

Where will the cat be kept? Indoor Outdoor Indoor/Outdoor

Would you consider a companion for your cat/kitten? Yes No

Previous Animal Experience

Do you currently own any cats? If yes, provide breed, sex, age, and current spay/neuter status.

Any other types of pets? If yes, provide breed, sex, age, and current spay/neuter status.

Have you adopted from a shelter/rescue before? If so, when or which group?

Have you ever rehomed or returned an animal to a rescue group, animal control, breeder, etc? If yes, please explain in further detail. _____

For pets you no longer have, where are they now? If deceased, how?

Animal & Veterinary Information

Vet Reference (REQUIRED. Please include phone number): _____

What features are you looking for in this pet? Please include size, energy level, personality, age preference, low-shedding/allergen-free, or other qualities you are looking for in this pet.

If you move, what are your plans for this animal and will you consider only pet friendly housing?

Under what circumstances would you return this animal? (circle all that apply)

Cat Shedding Allergies Housebreaking Problems Financial Difficulties
Divorce/Marriage/New Baby Health Problems w/ Animal Move Where Pets Aren't Allowed
Bites/Becomes Aggressive Other: _____

Some rescues have pre-existing health conditions/health problems that may require further care by adopter (allergies, dry eye, impaired vision/hearing, etc). Would you adopt a cat that has existing health problems?

Yes No

Do you understand that we cannot say for certain that this animal is housetrained and it will likely take some time to housetrain this animal? Yes No

Are you willing to travel to pick up your cat? Yes No

Are you aware of the adoption fee of the animal you are interested in? Yes No

Are you aware of the yearly costs of maintaining a healthy cat? This includes annual vet checks & vaccines, flea prevention, food, treats, dental care, bed/toys, unforeseen accidents/illnesses. Yes No

Upon adoption, it is a requirement that the cat be kept up on all vaccines and preventatives, healthy, and in a safe/loving home. Are you prepared to meet these requirements? Yes No

Are you prepared to sign a contract agreeing to these requirements? Yes No

Do you agree that if at any time you cannot keep this cat or wish to give the cat up, you must first contact us?
Yes No

I certify that the above information is true and accurate to the best of my knowledge. I understand that falsification of information can cause for denial of my application. Said agency has my consent to investigate all the information provided in the adoption application.

Signature: _____ Date: _____