



### Adoption Application for Cats

Our rescue organization is making every effort to place our pets in wonderful homes where they will be a joy to the families who adopt them. We appreciate your sharing the following information with us to assist us in our mission. We will share with you whatever information we have about the pet that will help you make the right decision for your family about this adoption.

1. What pet are you interested in? \_\_\_\_\_ Control # \_\_\_\_\_
2. Have you ever owned a:  Dog  Cat  Neither
3. Are you looking for a pet as a:
  - Companion  Playmate for a child  Playmate for another pet
  - Other (explain) \_\_\_\_\_
4. How long have you lived in your present home? \_\_\_\_\_  
Do you rent or own?  Rent  Own
5. If you rent, may we contact your landlord?  Yes  No Contact number: \_\_\_\_\_
6. Do you mind if we conduct a home visit prior to or after adoption?  Yes  No
7. What type of home do you have?  House  Condo  Townhouse  Apartment
8. What will you do with your pet while you are on vacation? \_\_\_\_\_

9. Does everyone in the house agree on adopting a pet?  Yes  No
10. Are there children in the house?  Yes  No If yes, what ages? \_\_\_\_\_

11. What other pets do you currently have?

Name	Type	Breed	Age	Sex	Spayed/ Neutered
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

12. What other pets have you had in the last 5 years?

Name	Type	Breed	Age	Sex	Spayed/ Neutered
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Why are they not currently with you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Have you ever surrendered or returned a pet to a shelter?  Yes  No
15. Have you ever given away or sold an animal?  Yes  No

If yes to either question 14 or 15 above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Rescued animals need time to adjust to their new home. How long are you willing to give a pet to adjust? \_\_\_\_\_
17. What would you consider a reason for not keeping a pet? \_\_\_\_\_
18. Cats sometimes claw or pick furniture. How would you manage this problem? \_\_\_\_\_
19. Will your cat be a (inside only cat) (outside only cat) or (inside/outside cat) Please circle one
20. How often do you feed your pet?  1 time a day  2 times a day  Self feeder
21. Do you use parasite preventives?  Yes  No What type: \_\_\_\_\_
22. What veterinarian do you use?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

23. May we contact your veterinarian?  Yes  No

By submission of this form I am authorizing the veterinarian named above to release information concerning past or present care of my pets.

I have not nor has anyone in my household ever been charged with any form of animal abuse, neglect, or cruelty.

I am 18 years of age or older and have read this application in its entirety and have answered each question honestly and to the best of my ability.

Signature of applicant \_\_\_\_\_

Print Name of applicant \_\_\_\_\_

Signature of Co-applicant \_\_\_\_\_

Print Name of co-applicant \_\_\_\_\_

Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Other phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Thank you again for sharing this information with us about yourself and your home.