CAT ADOPTION APPLICATION

Name of Cat:	Date:
Description:	Gender: Male Female
It is my goal to find a loving, safe, secure, responsible, "forever" home attention, and finances. This commitment extends throughout the lifet more. My cat will need good (non-human) food, clean water daily, an medical attention as the need arises and for annual vaccinations, and reserve the right to refuse an adoption to anyone who does not meet to	ime and duration of the cat's natural life, which can be 20 years or indoor home with access to a scratching post and places to hide, social interaction for the duration of his/her life. For this reason, I hese criteria and who I feel will not be able to fulfill my cat's needs.
ADOPTER IN	IFORMATION:
Adopter's Name:	
Adopter Address:	
City: State:	Zip Code:
Phone #: Home () Work ()	Cell ()
E-Mail Address:@	
Are you 21 years of age or older? (circle one) Yes No Employe	er:
Current Veterinarian's Name: Cit	
Please answer ALL of the following questions. If it "does not ap	poly" please indicate "N/A". Completeness IS IMPORTANT.
1) Home Situation: Do you live in a (circle one) house apartment Do you (circle one) Own Rent* How man Do you plan to move in the next 6 months? Y I *If renting, have you confirmed that pets are allowed? Y N Have	y years at this house/apartment?Yrs N e you paid any pet "deposits" required? Y N None Required.
Landlord / Apt Complex Name:	Phone #
2) Please list below all the people your new kitty will be living with: Name Age Relation	lo others in home: onship to the Adopter
3) Please list below all the other pets your new kitty will be living with: Name Age Cat or Dog? Spayed or Neutered? Y N Y N Y N	No others in home: CATS ONLY Declawed? Indoor Only?

4) Are there any regular visi	itors to your home, hum	an or animal, with whic	ch your new com	panion must get	along? Y N
Please describe:					
5) Does the whole family ag	gree with the adoption o	f a pet at this time (circ	le one)? Y	N	
6) Please list below your pre	evious cats (last three)	you have lived with:	Never lived with	one before:	
Name	From age - to Age Spay	yed or Where did you get this	s cat? Was this	cat	What happened to it?
	` · · · · · · · · · · · · · · · · · · ·	tered?	Indoor only? Y N	Declawed? Y N	Where is it now?
		N	 Y N		
		N			
		N	 Y N		
7) What arrangements do y		-			
,a. agamente ac j	ou mano los yous posos.	mon you go on racase			
8) Is there any cat behavior	r that you find unaccept	able? Y N If ye	es, please descr	ibe:	
0) How do you control or n	rovent diaplays the bob	ovior(a) that you find ur	accontable?		
9) How do you control or pr	revent displays the bend	avior(s) that you lind un	iacceptable?		
10) Do you plan to declaw?	Yes No May	be If Yes or Maybe	– why?		
11) Are you adopting my ca					
if you are adopting my	cat for someone else, v	wno is the person who	wiii nave the cat	<i>!</i>	
15) Do you want my cat to b	pe (circle one): inside	e only outside or	nly inside/o	outside don'	t know
, ,		,	,		
16) Have you ever given up	an animal before? Y	N If yes, please expla	ain who the anim	nal was given to a	and why:
					
17) How do you control or p	revent displays of inapp	propriate behavior?			
40) D "					
18) Describe your previous	experience with cats ar	id be specific:			
19) Why do you want to add	opt THIS CAT as oppos	ed to others vou have r	met?		
•	•				e to provide true and corre
					and that the owner of this c
					e permission to the owner aid required fees. I also giv
permission to the owner of					
		'	,	•	
Signature			 Date		
			Date		