CAT ADOPTION REQUEST

WHICH PET(S) WOULD YOU LIKE TO MEET?

DATE	PET NAME	AGE	CSR		TECH	HOLD	NTM

PLEASE FILL OUT BOTH SIDES OF THIS APPLICATION COMPLETELY

1. NAME: _____

2. NAME OF SPOUSE/ROOMMATE(S): _____

3. NUMBER OF PEOPLE IN HOME: ADULTS _____ CHILDREN _____ AGES OF CHILDREN _____

4. IS ANYONE IN THE HOUSEHOLD ALLERGIC TO ANIMALS? ☐ Yes ☐ No

     If yes, who? _____ To what? _____

5. OCCUPATIONS: _____ / _____

6. COMPLETE PHYSICAL ADDRESS: _____
_____

7. COMPLETE MAILING ADDRESS (if different): _____
_____

8. TELEPHONE: Home _____ Work _____

     Mobile _____ *Email (required) _____

     May we email you animal story updates and tips on pet ownership? ☐ Yes ☐ No

9. TYPE OF DWELLING: ☐ House ☐ Condo ☐ Apartment ☐ Other: _____

10. DO YOU: ☐ Rent ☐ Own

11. LANDLORD'S NAME: _____ Phone _____

12. PRIMARY REASON FOR ADOPTING THIS CAT? ☐ Companion for self ☐ Companion for other cat

     ☐ Gift ☐ Other: _____

13. ARE YOU LOOKING FOR INDOOR, OUTDOOR OR INDOOR/OUTDOOR CAT?: _____

14. WHERE WILL THE CAT BE WHEN YOU'RE NOT AT HOME?: ☐ Indoors ☐ Outdoors

     ☐ Other: _____

15. WHERE WILL THE CAT BE AT NIGHT?: _____

16. DO YOU PLAN TO DECLAW?: ☐ Yes ☐ No   If yes, why? _____

17. HAVE YOU DECLAWED IN THE PAST?: ☐ Yes ☐ No   If yes, why? _____

18. DO YOU OWN A PET NOW? ☐ Yes ☐ No (If yes, please list below.)

19. HAVE YOU HAD PETS IN THE PAST? ☐ Yes ☐ No (If yes, please list below.)

Type of animal	How & why obtained?	How long kept?	Where is the animal now?

20. HOW MUCH TIME ARE YOU WILLING TO SPEND HELPING THIS PET ADJUST TO YOUR HOME AND LIFESTYLE?: _____

21. UNDER WHAT CIRCUMSTANCES WOULD YOU NOT KEEP THIS CAT?: _____
_____

22. DO YOU HAVE KNOWLEDGE AND EXPERIENCE WITH BEHAVIOR PROBLEMS IN CATS?
☐ Yes ☐ No If yes, what kind?: _____
_____

23. WHAT WOULD YOU DO IF THE CAT WAS DESTRUCTIVE?
(Scratching, jumping on 'off-limits' areas): _____
_____

24. WHAT WOULD YOU DO IF THE CAT STOPPED USING THE LITTERBOX?
_____
_____

25. WOULD YOU OBJECT TO AN INSPECTION OF YOUR HOME? ☐ Yes ☐ No

I certify that the above is true & correct. Any false information may result in the nullification of this adoption.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

ANIMAL(S) NAME/AGE:

_____ DATE _____ IN _____ 'TIL _____ _____ MED _____ _____ HX _____ _____

_____ DATE _____ IN _____ 'TIL _____ _____ MED _____ _____ HX _____ _____

_____ DATE _____ IN _____ 'TIL _____ _____ MED _____ _____ HX _____ _____

_____ DATE _____ IN _____ 'TIL _____ _____ MED _____ _____ HX _____ _____

LANDLORD APPROVAL: _____ DATE: _____

NEED TO MEET: _____ DATE: _____

NEED TO MEET: _____ DATE: _____

NEED TO MEET: _____ DATE: _____

ANIMAL TO MEET: _____ DATE: _____