

APPLICATION

A D

CONTACT ID _____

ADOPTION REQUEST CATS



DATE	ANIMAL	AGE	CSR		TECH	HOLD	NTM

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 (____) _____ E-MAIL _____
May we email you animal story updates and tips on pet ownership? Yes No
9. TYPE OF DWELLING: House Condo Apt Other _____
10. DO YOU RENT? OWN?
11. WHAT IS YOUR 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 WOULD 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 A CAT IN THE PAST? Yes No If yes, why? _____

18. DO YOU OWN A PET NOW? Yes No (Please list below.)

19. HAVE YOU HAD PETS IN THE PAST? Yes No (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 THIS CAT STOPPED USING THE LITTERBOX? _____

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

I certify that the above is true and 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: _____
NEED TO MEET: _____
NEED TO MEET: _____
NEED TO MEET: _____
ANIMAL TO MEET: _____

DATE: _____
DATE: _____
DATE: _____
DATE: _____
DATE: _____

