



Cat Adoption Application

Please complete this application in its entirety, providing complete information as it applies to your living situation and reasons for adopting.

Required Adoption Donation:

\$175 for cats one year old and older
\$210 for kittens from 8 weeks to 11 months

Date: _____ Name of Cat: _____

Your Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

How many people are in your household? _____ If there are children, what are their ages? _____

CHECK APPLICABLE BOXES WHERE INDICATED

Do you live in a : House Condo Apartment Mobile Home Other: _____

Do you: Own Rent If you rent, do you have your landlord's permission to have a pet? Yes No Unsure

Name and phone number of your landlord: _____

If an Ark representative requested a home visit prior to adoption, would that be ok? Yes No Conditional

If you DID NOT answer Yes, then please explain: _____

Will this cat be Indoor only cat outdoor only cat Both Undecided

Do you currently have other pets? Yes No If Yes, how many, what species, breed, sex and age?

If you have a dog(s), how does it access outside? Doggie door Open door Waits for a walk Other _____

Have you previously had a cat(s)? Yes No If Yes, then what is their history or situation? _____

Do you know how to introduce a new cat to other pets (specifically cats) in your household? Yes No Advise

Do you intend to declaw this cat? Yes No, leave claws intact Undecided Unaware of what that means

Are you, or anyone in your household allergic to cats? Yes No Unsure

How many hours a day will the cat typically be left alone? Rarely alone Less than 3 More than 4 More than 8

Where will the cat be kept while alone? _____

When you travel, who will be responsible for the cat's care in your absence? _____

- Continued on reverse side

Where will the cat sleep at night? _____

Will this cat wear an identification collar? Yes No Undecided

Are you prepared to provide necessary veterinary care for this cat? Yes Depends on cost No

Do you currently have a veterinarian? Yes No

If Yes, who? _____

If No, would you like The Ark to recommend one to you? Yes No

If you should move, what would happen to the cat? _____

If you should die before this cat, what would happen to the cat, and who would take care of it? _____

Why do you want a cat? _____

Why did you choose this particular cat? _____

Are you aware that if the cat does not work out in your home, you may relinquish the cat back to The Ark, and that if the cat is returned later than 2 weeks after your date of adoption, you adoption fees will not be returned and those fees will be considered a donation to The Ark of San Juan? Yes No

By signing below, I state that I have read and completed this form and fully understand the responsibility of adopting this cat.

Signature _____

Date: _____

Print Name: _____