

Application A D

Contact ID _____

Borrego Animal Rescue
1863 Candle Lane
El Cajon, CA 92019
888-775-6789

ADOPTION APPLICATION

=^..^= **CATS**

DATE	ANIMAL	AGE			TECH	HOLD	

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 (different) _____

8 Telephone: Home (____) _____ Work (____) _____

9 Telephone: Mobile (____) _____

10 E-Mail: _____

11 Type of Dwelling: House Condo Apt Other; _____

12 Do you: Rent? Own?

13 What is your landlords Name? _____ Phone: (____) _____

14 Primary reason for adopting this cat? Companion for Self? Companion for another Cat? Gift?
Other; _____

15 Are you looking for Indoor Outdoor Indoor/Outdoor cat

16 Where would the cat be when you're not at home?
Indoors Outdoors Other _____

17 Where will the cat be at night? _____

18 Do you plan to declaw? YES NO If yes, why? _____

19 Have you declawed a cat in the past? YES NO If yes, why? _____

20 Do you Own a Pet Now or have had pets in the past: Yes No (please list below)

Type of Animal	How and Why Obtained?	How Long Kept?	Where is the Animal Now?

21 How much time are you willing to spend helping this pet adjust to your home and lifestyle? _____

22 Under what circumstances would you not keep this, Cat? _____

23 Do you have knowledge and experience with behavior problems in cats? YES NO

If yes, What kind? _____

24 What would you do if the cat was destructive? (Scratching, jumping on "off limits areas) _____

25 What would you do if this cat stopped using the litterbox? - _____

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 _____

Typing name above will constitute your written Signature

OFFICE USE ONLY

Animal(s) Name/Age

_____ Date _____ IN _____ 'TIL _____ MED _____

_____ Date _____ IN _____ 'TIL _____ MED _____

_____ Date _____ IN _____ 'TIL _____ MED _____

_____ Date _____ IN _____ 'TIL _____ MED _____

Landlord Approval: _____
