ADOPTION APPLICATION

Application Instructions: (1) Save this file to your computer. (2) Fill it out and save it again. All fields are required. (3) Send the completed form via email to [LaurensCityCats@gmail.com](mailto:LaurensCityCats@gmail.com). Submitting an application is the first step in adopting a rescued kitty that matches your preferences. Lauren’s City Cats in the Flats reserves the right to decline any adoption without explanation.

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| ABOUT YOU | | | | | |
| Full Name |  | | | | Date of Birth: |
| Street Address |  | | | | |
| City | State | Zip |  | | | | |
| County |  | | Email: | | |
| Cell: | | Home: | | Work: | |
| How long at this address? |  | | Previous Address: | |  |
| How did you hear about us? |  | | | | |

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| YOUR HOUSEHOLD | |
| Residence Type |  Single Family  Duplex  Cluster Home   Townhouse  Condo  Mobile Home  Farm/Rural   Own   Rent (Enter Landlord/Owner Name and Phone) |
| Household Members |  Spouse/Partner  Parent(s)  Roommates (How many?)  Children (Ages?) |
| How does each member of your household feel about adopting a cat? |  |
| Any cat allergies in your household? |  Yes  No |

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| YOUR INTERESTS | |
| Why do you want to adopt a cat or kitten? |  |
| When did you decide to adopt a cat or kitten? |  |
| Are you interested in a specific cat? |  No  Yes (Specify Name and Reason) |
| Age Preference |  Kitten  Adult  Senior  No Preference |
| Personality Traits |  Playful  Mellow  Hunter  Good With Kids   Good With Dogs  Other (Specify): |
| This pet is for: |  My Household and Me  To Give As A Gift   Other (Specify) |

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| CARING FOR YOUR CAT | |
| Lifestyle |  Indoor Cat Only  Outdoor Cat Only  Indoor/Outdoor |
| Will you declaw your cat? |  Yes, Front Only  Yes, Front and Back  No |
| Where will your cat sleep? |  |
| Where will your cat stay while you are at work? |  |
| Describe care plan while away on business or vacation? |  |
| Reasons I Might Give My Cat Away: |  Too Expensive  Sheds Too Much  Fleas  Allergies Urinating/Defecating Outside Box  Having A Baby   Chews/Destroys Household Objects  Marriage/Divorce   Children No Longer Take Care of It   New Residence Doesn’t Allow Pets  None of the Above   Other (Specify): |

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| CURRENT & RECENT PETS | |
| Pet 1 Name |  Cat  Dog  Other (Specify): |
| Spayed/Neutered:  Yes  No | Declawed:  Yes  No  Indoor  Outdoor  Both |
| Deceased:  Yes  No | Cause of Death: |
| Pet 2 Name |  Cat  Dog  Other (Specify): |
| Spayed/Neutered:  Yes  No | Declawed:  Yes  No  Indoor  Outdoor  Both |
| Deceased:  Yes  No | Cause of Death: |
| Pet 3 Name |  Cat  Dog  Other (Specify): |
| Spayed/Neutered:  Yes  No | Declawed:  Yes  No  Indoor  Outdoor  Both |
| Deceased:  Yes  No | Cause of Death: |

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| REFERNCES Please provide 3 personal and 1 veterinary reference. | | |
| Reference 1  Name: | Phone: | Relationship: |
| Reference 1  Name: | Phone: | Relationship: |
| Reference 3  Name: | Phone: | Relationship: |
| Veterinarian  Name: | Phone: | Permission to contact?  Yes   No |

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| Applicant  Signature: | Date: |