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. 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 1Name: | Phone: | Relationship: |
| Reference 1Name: | Phone: | Relationship: |
| Reference 3Name: | Phone: | Relationship: |
| Veterinarian Name: | Phone: | Permission to contact?  Yes  No |

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| Applicant Signature: | Date: |