



CAT ADOPTION APPLICATION

All information collected will remain confidential and used only by Taylor County Animal Shelter.

Date: ____/____/____

Cat Name / ID: _____

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Veterinarian Name: _____

About your home:

Are all members of your household in agreement with this adoption? Yes No

Rent or own your home? Rent Own If you rent, are pets allowed? Yes No

If there are restrictions on animals in your home, please specify: _____

How many pets currently live with you? ____Dogs ____Cats ____Birds ____Other

Are your pets: Indoor Outdoor Both Indoor & Outdoor

Are your pets up to date on vaccinations? Yes No

Are your pets spayed and/or neutered? Yes No

If no, please explain: _____

Potential pet would need to get along with: Dogs Cats Kids

Does anyone in your home fear cats or allergic to cats? Yes No

Do you have any concerns, questions or comments? _____

Adopter Signature: _____

Date: _____

OFFICE USE ONLY

Application Processed By: _____

Date: _____ Approved: Yes No

Notes: _____
