Adoption Application

Angel Wings Kitty Rescue

Landenberg, PA

DATE: \_\_\_\_\_\_\_Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ what is your age? \_\_\_\_\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cat/Kitten Interested In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What type of cat are you interested in?

Male Female Kitten Adult Long Hair Short Hair

1. Why are you interested in adopting at this time?
2. Names and ages of people living in household:
3. Does anyone in your home have pet allergies?
4. What is the amount of time the cat will be left alone? (average)
5. Where do you live? Apartment Condo House
6. Do you own or rent your residence: Own Rent
	1. If you rent please provide landlord name and phone number:
7. What is the activity level in your house?
8. Names of current pets and years owned:
9. Names of previous pets and years owned; please note what happened to them
10. Are your current animals up to date on their vaccinations? YES NO
11. Name of your veterinarian and phone number:
12. Where will the cat be kept? Indoors only Outdoors Both In/Out
13. When no one is home, where will the cat be kept?
14. Under what circumstances would you give up your cat?
15. How do you feel about declawing and why. Have you ever had a cat declawed?
16. Have you ever lost a cat or had a cat run away?
17. How will you introduce a new cat to your household if you have other animals?
18. Do you agree to permit a visit to your home? Yes No

Return application to

Angelwingskitty@gmail.com