



Mama's-gona Rescue
250 Tip Seaman Dr
Tuckerton, New Jersey 08087
732-691-0036

Cat Adoption Application

Name: _____ Phone: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Who will be primary caregiver of cat? _____

Reason for wanting a cat? Companion Mouser For children Gift Breeding

My veterinarian is: _____ Location: _____

I live in a: House Condo Apartment Mobile home Rent If you are renting, have you checked with your landlord to be sure pets are allowed and that you have a pet deposit? _____ I live with: Alone/age: _____

Spouse/age: _____ Parent/age: _____ Roomate(s)/Age(s) _____, _____ Children/age(s): _____, _____, _____

Other/age: _____

Do you or any of the people you live with have allergies to cats? _____ If yes, how do you plan to cope with these allergies? _____

Will your cat stay: Indoors only Outdoors only Indoors and outdoors If outdoors, how long after adoption would you start allowing your cat to go out? _____

Where will your cat spend thenight? _____

If your cat stops using the litter pan, you will: _____

Please list all the pets you've had in the past five years: Breed Age Sex Spayed or neutered? # Years owned?

Still live with you? If not, why?

1.

2.

3.

Please read and sign: Many factors determine which applicant will be matched with a particular pet. If you are not able to adopt a pet today, it does not mean that you are not considered a good pet owner or that your home is not acceptable. Our goal is to place all animals into homes that will best suit their individual needs. Please ask for clarification if you have any questions. I have completed this application truthfully and fully understand the adoption process.

Signature: _____ Date: _____