

***Kneading Kitty's Rescue Adoption Application***

**Please answer all questions. If they do not apply to you put N/A**

**VOLUNTEER: PLEASE VERIFY PHOTO I.D.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred contact method:  Home Phone  Cell Phone  Email

**IN THE HOME:**

Number of Adults: \_\_\_\_\_

First time cat owner  YES  NO

Number of Children: \_\_\_\_\_

Currently have cats/dog  YES  NO

Ages of Children: \_\_\_\_\_

Have had cats/dogs before  YES  NO

Does anyone in your household have allergies to cats or dogs:  YES  NO

**MY CURRENT PETS:**

**How many CATS do you currently have:** \_\_\_\_\_

**How many DOGS do you currently have:** \_\_\_\_\_

Are they current on vaccines?  YES  NO

Are they current on vaccines?  YES  NO

Are they Spayed/Neutered?  YES  NO

Are they Spayed/Neutered?  YES  NO

Have they been around & are good with cats/dogs  
 YES  NO

Have they been around & are good with cats/dogs?  
 YES  NO

If NO to any of the above questions, please explain here: \_\_\_\_\_

**LIVING ARRANGEMENTS FOR YOUR CATS:**

- Indoors Only
- Outdoors Only
- Both Indoors/Outdoors

**LIVING ARRANGEMENTS FOR YOUR DOGS:**

- Indoors Only
- Outdoors Only
- Both Indoors/Outdoors

DO YOU HAVE A PET DOOR:  YES  NO

**HOUSING:** DO YOU RENT OR OWN?  Own  Rent *If you rent, does your lease allow pets?*  YES  NO

**WHAT TYPE OF HOUSING DO YOU LIVE IN?**

Single Family  Duplex  Apt/Townhouse/Condo  Mobile Home  Military Housing

**WHAT HAPPENED TO YOUR LAST PET(S):**

- Still have
- Passed away due to an accident
- Ran Away
- Gave Away
- Lives with Relative
- Lost/Stolen
- Hit by Car
- Died of old age/illness

Additional detail: \_\_\_\_\_

**REASON I HAVE GOTTEN RID OF A PET IN THE PAST:**

- Never gotten rid of a pet
- Not enough time
- Pet was sick or injured
- Financial Hardship

- Divorce/Separation
- Behavior Problems
- Someone in the household was allergic

**In the event that you become seriously ill, injured or unable to care for your pets, what will you do:**

---

---

---

**PETS MEDICAL CARE AND PLANNING AHEAD:**

- Have own Veterinarian?  YES  NO
- Will you provide routine care?  YES  NO
- Are you able to provide emergency care if needed?  YES  NO
- Do you plan to declaw my cat?  YES  NO
- Do you have someone to watch your cat while on vacation or if you become sick or injured?  YES  NO

**In the event I have to move I will:**  Take my cat with me  Give pet to a friend/relative

Other: \_\_\_\_\_

**What is your ideal personality of your new pet?** \_\_\_\_\_

---

**Is there a color preference?** \_\_\_\_\_

**Is there an age preference?** \_\_\_\_\_

**How many hours a day will someone be at home to be with your new pet?** \_\_\_\_\_

**Are there any behavior issues that you would like to avoid?** \_\_\_\_\_

---

*I certify that I am 18 years or older and I have read and understand all of the statements above. I certify that all information I have provided on this application is accurate, complete and truthful.*

X \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Applicant** *Please show Volunteer PHOTO I.D.*

**REVIEWED BY VOLUNTEER:** \_\_\_\_\_ **Date** \_\_\_\_\_

*Signature of Volunteer*