

**Kneading Kitty's Rescue Adoption Application**  
**Please answer all questions, if they don't apply to you put N/A**

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

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

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

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

Phone: \_\_\_\_\_

**In the Home:**

Number of Adults: \_\_\_\_\_  First time cat/dog owner

Number of Children: \_\_\_\_\_  Currently have cats/dogs

Age of children: \_\_\_\_\_  Have had cats/dogs before

**Does anyone in your household have allergies to cats or dogs?** \_\_\_\_\_

**My Current Pets:**

Cats Are they Current on Vaccines? (Circle one) YES NO

Dogs Are they Spayed/Neutered? (Circle one) YES NO

Have they been around and are good with Cats/Dogs? (circle one) YES NO

If need to explain, do it here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Living Arrangements of your pets:**

Indoors Only

Apartment

Outdoors Only

Own House

Both Indoors/Outdoors

Rent House

Are pets allowed?

**Do you have a pet door?** YES NO

**What happened to your last pet(s):**

Still have

Lives with Relative

Passed away due to an accident

Lost/Stolen

Ran Away

Hit by Car

Gave Away

Died of old age/illness

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

**Reasons I have gotten rid of a pet in the past:**

- |  |  |
|--|--|
| <input type="checkbox"/> Never gotten rid of a pet | <input type="checkbox"/> Divorce/Separation                    |
| <input type="checkbox"/> Not Enough Time           | <input type="checkbox"/> Behavior problems                     |
| <input type="checkbox"/> Pet was sick or injured   | <input type="checkbox"/> Not enough time                       |
| <input type="checkbox"/> Financial Hardship        | <input type="checkbox"/> someone in the household was allergic |

**Pets Medical Care and Planning Ahead:**

- Have own Veterinarian YES NO  
Will provide routine care YES NO  
Able to provide emergency care if needed YES NO  
I plan to declaw my cat YES NO  
I have someone to watch my cat while on vacation or if I become sick or injured YES  
NO

**If 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 have completed this application to the best of my ability**

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

**Date:** \_\_\_\_\_