

Cat Adoption Application / Contract

NOTE: Completion of this application **does not guarantee** adoption of a rescue animal. This questionnaire becomes a part of the contract. Ownership/rental status will be verified.

Today's date: _____

Name of cat(s) you are interested in: _____

Name of applicant: _____ Occupation: _____

Name of spouse/significant other: _____ Occupation: _____

Names/ages of children (if any at home): _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alt. Phone #: _____

Email: _____ Add you to our mailing list?: Yes / No

Where do you live? House Apartment Condo / Townhouse Other

A home inspection may be required for adoption. Are you willing to permit the adoption organization to conduct a home inspection? Yes / No

Do you: Own Rent Other (please explain): _____

If you rent, do you have the landlord's permission to have a pet? Yes / No

Landlord's name and phone number: _____

(by providing the landlord's number, you are giving consent to allow them to communicate with us)

Will the cat live: Indoor only Indoor/Outdoor Outdoor only

Please give details of the cat's accommodations: _____

What percent of the time will the cat be alone? _____ Where will the cat sleep at night?

Why do you want a cat? (check all that apply): House pet Companion for pet Gift
Mouser/barn cat Companion for family Companion for children Other

Other pets (specify number of each): _____ dogs _____ cats _____ other: _____

If you have other pets, are they spayed/neutered? Yes / No

Are they licensed? Yes / No

Are they current with vaccinations? Yes / No

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What pets have you had in the past? _____

What happened to them? _____

What would happen to the cat if you moved locally? _____

Moved out of state? _____

Moved out of country? _____

Do you have a regular veterinarian? Yes / No If yes, vet's name: _____

Name of clinic: _____

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

Does anyone in your household have allergies? Yes / No If yes, what kind? _____

Will you be able to live with hair on your furniture, stains on your rugs and an animal which might be destructive at times? Yes / No

Remember, pets are an investment of your time and money. Can you afford to provide medical care, proper diet, proper shelter and exercise for your new pet? Yes / No

What do you expect to pay in annual veterinary care: \$ _____

Do you have the means to afford an unexpected illness/injury (approx. \$2,000)? Yes / No

Are you able to make a long-term commitment to care for your pet for its entire lifespan, which could be as long as 15-20 years? Yes / No

Under what circumstances would you **NOT** be able to keep this cat? _____

***** You've done the hard part, now it is time for the adoption councilors to do their thing. *****

RLID: _____ Received by: _____

Date: _____

Landlord: _____ Y / N Action taken: _____

Adoption through: CRAN TTT HHBBR Other: _____

Group approval?: _____ Councilor: _____

Notes/comments: _____

Go home date: _____