Mr. Phoenix's Cat Rescue



Cat Adoption Application

First Names:	Last Name:
Email Address:	Phone Number:()
Home Address:	Over Age 21?
City:	State: Zip:
Why are you interested in adopting a cat/kitten (s) at this	time?
Do you live in an houseapartment	townhouse
Do you: own rent	
If you rent, provide managements' info:	Phone #: ()
Rental pet policy:	
Have you applied to any other rescues before? If yes, plea	ase list them.
Please list the names and ages of all people residing in you	ur home:
What is your work schedule like and how many hours are make for the cat's care when you are at work or away from	, , , , , , , , , , , , , , , , , , , ,
Do you travel frequently and what kind of arrangements w	vould you make for your cat while you are gone?
, , ,	, , ,
Please describe current pets (if any) & Include breed, sex,	age, and if fixed, vaccinated, combo test results.
How long have you had experience with cats? Please expl	lain:
Have you ever given a net away nut up for adoption, take	en to a cat shelter, or had to make end-of-life care decisions?
Please explain:	
Why are you interested in adopting a cat/kitten (s) from P	hoenix Cat Rescue?

Please explain any experience you have raising kittens (If applicable):		
Please explain	our philosophies on correcting/ disciplining cat for unwanted behavior:	
•	perience/knowledge on the proper way to acclimate and train cats (i.e. intro to a new home	— , scratching
posts, litter box	es, new pets, etc.?	
Please explain	he experience you have providing care for cats with special medical or emotional needs:	
Have you had a	situation where your cat needed very expensive medical treatment? Please explain:	
Who is your ve	erinarian, name of vet clinic, phone number, length of time as a client?	
·	ching else about you, your family, your home, and you think Phoenix Cat Rescue should kno deration:	
Agreements:		
• No cat	adopted will ever be declawed:	initials
 All cats 	adopted must be indoor-only cats:	initials
• If for a	ny reason this cat/kitten isn't fit after additional behavioral education & modifications, he/sh	e must be
returne	d to Mr. Phoenix Cat Rescue.	initials
• If you o	an no longer care for this cat/kitten medically/physically, please reach out to us ASAP to mal	ке
arrange	ements for return and/or rehoming.	initials
 A adop 	tion donation of $\$100.00$ is required (per cat) - spay/neuter, microchip, and vaccination costs	s initials
• Allow h	ome visit for this adoption	initials
or othe	entiality – the # of cats/kittens in our care is strictly confidential and not to be disclosed on so r public venues. This is also my home and many people who aren't in rescue aren't aware of uences to rescuers.	
	w, I certify I am at least 21 years of age and all the above information is truthful. I understan t Rescue has my permission to contact and verify the information provided.	d and agree
Applicant Signa	ture Date	