



Veterinary files of previous or current pets are to be submitted with this application.

ADOPTION APPLICATION

Date

YOUR CONTACT INFORMATION

First Name Last Name

Preferred Name (if different from first name)

Pronouns

Address

City/State Zipcode

Phone Birth Date

Email

NAME OF CAT YOU'RE APPLYING TO ADOPT

WHO ARE YOU ADOPTING THIS CAT FOR?

Yourself Family
 Friend Other:

DO ALL MEMBERS OF YOUR HOUSEHOLD KNOW YOU ARE ADOPTING A NEW PET?

Yes No

WHAT IS YOUR LEVEL OF CAT EXPERIENCE?

First-time cat owner Had cats growing up
 Some experience with cats Cat savvy

YOUR NEW CAT WILL LIVE...

Indoors only Indoors with supervised outdoor access (i.e. catio, harness/leash)
 Outdoors only Indoors and outdoors

DO YOU PLAN TO DECLAW YOUR NEW CAT?

Yes No

YOUR HOME IS...

Busy! Moderate Quiet





ADOPTION APPLICATION

ON AVERAGE, HOW MUCH TIME WILL YOUR NEW CAT SPEND HOME ALONE?

- Under 4 hours 4-8 hours 8-12 hours Over 12 hours

ARE THERE ANY CATS LIVING IN YOUR HOME THAT ARE NOT SPAYED OR NEUTERED?

- Yes No

WHO ELSE LIVES IN YOUR HOUSE?

- Child/ren under 10 Teen/s or tween/s Cats Dogs

WE'LL SHARE WHAT WE KNOW ABOUT YOUR NEW CAT'S MEDICAL AND BEHAVIORAL HISTORY. PLEASE CHECK ADDITIONAL TOPICS YOU'D LIKE TO DISCUSS:

- | | |
|--|---|
| <input type="checkbox"/> Scratching behaviors/training | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Introducing my cat to other pets | <input type="checkbox"/> Microchips and other ID options |
| <input type="checkbox"/> Pet insurance | <input type="checkbox"/> Finding a veterinarian |
| <input type="checkbox"/> Help with entertaining my cat indoors | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Litter box training | <input type="checkbox"/> Flea, tick, and heartworm prevention |
| <input type="checkbox"/> Introducing my cat to children | <input type="checkbox"/> Safe outdoor access |
| <input type="checkbox"/> Grooming/nail trimming | <input type="checkbox"/> Adjustments to the new home |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Supplies |

IF YOU'D LIKE TO DISCUSS ANYTHING ELSE ABOUT THE PET'S MEDICAL AND BEHAVIORAL HISTORY, LET US KNOW BELOW:

Signature