



# Cat Adoption Application

Please complete this application and return to:

The Ark of San Juan

Cat Adoption Coordinator

Post Office Box 117, San Juan Capistrano, CA 92693

Telephone: (949) 388-0034; e-mail: [arkofsanjuan@cox.net](mailto:arkofsanjuan@cox.net)

Required Adoption Donation: \$175 for cats over 4 months of age

\$200 for kittens 4 months or younger

Date: \_\_\_\_\_ Name of Cat: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How many are in your household? \_\_\_\_\_ If there are children, what are their ages? \_\_\_\_\_

Do you live in a: \_\_\_\_\_ House \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other

Do you: \_\_\_\_\_ own \_\_\_\_\_ rent

If you rent, do you have your landlord's permission to have a pet? \_\_\_\_\_

If you rent, may we contact your landlord? \_\_\_\_\_ Yes \_\_\_\_\_ No Name and Phone Number of your landlord: \_\_\_\_\_

If a volunteer from Ark requested a home visit prior to adoption, would that be acceptable to you? If not, please explain. \_\_\_\_\_  
\_\_\_\_\_

Will this be an indoor animal, outdoor animal, or both? \_\_\_\_\_

When the animal is outdoors, is there sufficient shade in the yard for his or her comfort? \_\_\_\_\_

What outdoor shelter will be provided for cold and/or wet weather? \_\_\_\_\_

Do you currently have any other pets? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, how many, what species, breed, sex and age? \_\_\_\_\_  
\_\_\_\_\_

***Please complete the reverse side***

The Ark of San Juan, Companion Animal Rescue  
Post Office Box 117, San Juan Capistrano, CA 92693  
(949) 388-0034; E-mail: [arkofsanjuan@cox.net](mailto:arkofsanjuan@cox.net)  
[www.arkofsanjuan.org](http://www.arkofsanjuan.org) (Rev. 5/13)

Are you aware of how to introduce a new animal to other pets in your household? \_\_\_\_\_

Have you previously had pets? \_\_\_\_\_ If so, what is their current disposition or history? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you intend to declaw this cat? \_\_\_\_\_

Are you or any of your family members in the household allergic to any animals? \_\_\_\_\_

How many hours a day will the animal typically be left alone? \_\_\_\_\_

Where will the animal be kept while he or she is alone? \_\_\_\_\_

When you travel, who will be responsible for the animal's care in your absence? \_\_\_\_\_  
\_\_\_\_\_

Where will the cat sleep at night? \_\_\_\_\_

Do you plan to license this cat? \_\_\_\_\_ Will he or she wear an identification collar? \_\_\_\_\_

Are you prepared to provide necessary veterinary care for this cat? \_\_\_\_\_

Do you currently have a veterinarian? \_\_\_\_\_ Who will be the veterinarian for the cat you wish to adopt? \_\_\_\_\_

What type of food do you intend to feed this cat? \_\_\_\_\_

If you should move, what would happen to the cat? \_\_\_\_\_

If you should predecease this cat, what provisions do you have for its care? \_\_\_\_\_  
\_\_\_\_\_

Are you aware that if the cat does not work out in your home, you may relinquish the cat back to The Ark and that if the return is later than two weeks after your date of adoption, your adoption fees will be considered a donation to The Ark of San Juan? \_\_\_\_\_

Why do you want a cat? \_\_\_\_\_

Why did you choose this particular cat? \_\_\_\_\_

**By signing below, I state that I have read and completed this form, and fully understand the responsibility of adopting this cat.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date