



ADOPTION APPLICATION

Help us find the best lifelong match for you and your new companion.

APPLICANT INFORMATION

Full legal name:

Street address: City:

State: ZIP: Phone:

Email:

Occupation: Employer:

HOUSEHOLD AND HOME

Residence: ☐ Own ☐ Rent ☐ Other **Home type:** ☐ House ☐ Apartment

Landlord/property manager name: Phone:

If renting, do you have written permission to adopt? ☐ Yes ☐ No ☐ N/A

Adults in household: Children and ages:

Names/relationships of everyone in the home:

Does everyone in the household agree to this adoption? ☐ Yes ☐ No

CURRENT AND PREVIOUS PETS

Do you currently have pets? ☐ Yes ☐ No

List each pet's name, species/breed, age, sex, spay/neuter status, and how long owned:

What happened to pets you previously owned?



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Please answer every question. Your responses help us make a safe match.

VETERINARY REFERENCE

Veterinary clinic: Phone:

Veterinarian name: Name on records:

May Kitty Haven Rescue contact your veterinarian? ☐ Yes ☐ No

ADOPTION PREFERENCES

Animal/kitten of interest:

Preferred age: ☐ Kitten ☐ Young adult ☐ Adult ☐ No preference

Preferred sex: ☐ Male ☐ Female ☐ No preference

Why would you like to adopt at this time?

CARE AND COMMITMENT

Where will the cat live? ☐ Indoors only ☐ Indoors/outdoors ☐ Outdoors

Hours alone daily: Primary caregiver:

If you move, have a baby, or experience a life change, what is your plan for the cat?

How will you handle scratching or unwanted behavior?



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Final acknowledgments and applicant signature.

ADOPTION COMMITMENTS

- ☐ I understand that adopting a cat is a lifetime commitment that may last 15-20 years.
- ☐ I agree to provide a safe indoor home, appropriate food, veterinary care, and identification.
- ☐ I will not declaw the cat or allow any non-medically necessary removal of claws.
- ☐ I will not sell, give away, abandon, or transfer the cat without rescue approval.
- ☐ If I can no longer care for the cat, I will contact Kitty Haven Rescue before rehoming.
- ☐ I certify that the information in this application is complete and truthful.

ADDITIONAL INFORMATION

Is there anything else you would like us to know?

How did you hear about Kitty Haven Rescue?

APPLICANT SIGNATURE

Typing your full legal name below serves as your electronic signature.

Signature:

Date:

- ☐ I have reviewed this application and agree to the commitments above.

For best results, download and open in Adobe Acrobat Reader.

EMAIL COMPLETED APPLICATION