



**Contact Information**

Full name: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

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

How long at this address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Email address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Family & Housing**

How many adults are there in your family (their relationship to you)?

\_\_\_\_\_

How many children (ages)?

\_\_\_\_\_

What type of home do you live in single family, town home, apartment, farm, etc.?

\_\_\_\_\_

Please describe your household:  Active  Noisy  Quiet  Average

\_\_\_\_\_

If you rent, please give the rules governing pets and the landlord's name and number:

\_\_\_\_\_

(By providing this information you are allowing us to contact your landlord)

Does anyone in the family have a known allergy to cats?  Yes  No

Do you consider your cat a part of the family?  Yes  No



Do you plan to declaw your cat?  Yes  No  Would like to know more

Do you have time to provide adequate love and attention?  Yes  No

If a disciplinary or behavior problem arises, what steps will you take to work on it?

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Are you aware that a cat is a large and lifelong commitment?  Yes  No

**Other Pets**

What other pets do you have (specify type and number)?

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Are these pets up to date on vaccines?  Yes  No

Are these pets spayed/neutered?  Yes  No If not, why? \_\_\_\_\_

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Have you ever adopted an animal from a rescue/animal control agency?  Yes  No

If yes, please give name and location of agency: \_\_\_\_\_

Have you ever had an application rejected for adoption of an animal from a rescue/animal control agency? If so, why?

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Have you ever surrendered a pet? If so, why?

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If you have other pets, what precautions would you take to properly introduce a new cat to your home?

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**Veterinarian**

Do you have a regular veterinarian?  Yes  No

Veterinarian's name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

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

Clinic Phone: \_\_\_\_\_

(Providing us with this information you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to us.)

**About the Cat You Wish to Adopt**

What is your idea of an ideal cat and why?

\_\_\_\_\_  
\_\_\_\_\_

Desired age: \_\_\_\_\_ Desired Size: \_\_\_\_\_

Willing to adopt:  outgoing/hyper  shy  
 needs regular medication  needs training  
 needs grooming  none of these

Where will the cat spend the day? (*describe*)

\_\_\_\_\_

Where will the cat spend the night? (*describe*)

\_\_\_\_\_

Number of hours (average) cat will spend alone? \_\_\_\_\_

Who will have primary responsibility for this cat's daily care? \_\_\_\_\_

Who will have financial responsibility for this cat? \_\_\_\_\_

Do you agree to provide regular health care by a licensed veterinarian?  Yes  No

Do you agree to contact us if you can no longer keep this cat?  Yes  No



Are you willing to let a representative of us visit your home by appointment?

Yes  No  Would like to know more

Would you be interested in fostering?  Yes  No  Would like to know more

What kind of food do you plan to give your cat? \_\_\_\_\_

How frequently do you make business/vacation trips? \_\_\_\_\_

What will you do with the cat when you travel? \_\_\_\_\_

If you move, what will you do with the cat? \_\_\_\_\_

Are you or your spouse with the military?  Yes  No

Are you aware of our spay/neuter policy?  Yes  No  Would like to know more

Are you aware of the adoption fees?  Yes  No  Would like to know more

**Personal References**

Please list someone who is familiar with both you and your pets if possible.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship (relative, neighbor, friend, etc.): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship (relative, neighbor, friend, etc.): \_\_\_\_\_

All of the information I have given is true and complete. This cat will reside in my home as a pet. I will provide it with quality cat food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed veterinarian.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)