



ADOPTION APPLICATION

We retain the right to refuse adoption to anyone for any reason. Applications will be rejected if the information provided in them is found to be false.

Date: _____ Name of cat(s) you wish to adopt: _____

What type of cat are you looking for?
 Companion for yourself or family member Companion for other pet(s)
 Why do you want to adopt now? _____

Applicant's Name and Age: _____

Partner's Name and Age: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Your occupation: _____ Employer: _____

Spouse/Partner's occupation: _____ Employer: _____

Applicant's driver's license number and state: _____

List all members of your household:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Has each family member or roommate agreed to allow a cat in the household? Yes No

What pets do you currently have in your household? (List below -- use back of paper for more than three current pets).

Pet's Name	Species/Breed	Age	Neutered			Kept Where	Time Owned
1. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____
2. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____
3. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____

Pets owned in the last five years, that are not currently in your household:

Pet's Name	Species/Breed	Age	Kept Where		Time Owned / If pet died, how?
1. _____	_____	_____	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____
2. _____	_____	_____	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____
3. _____	_____	_____	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____

How long have you been at your present address? _____

Are you planning to move in the next six months? Yes No
Do you Rent Own Apartment House Mobile Home Other _____
If you rent, please list landlord's name and phone number _____

Who will be your cat(s) primary caregiver? Adult Teenager Child
Who will be financially responsible for this cat(s)? _____

If your family changed (marriage, divorce, new baby), would you keep your cat(s) Yes No Not Certain
If an allergy developed, are you willing to take steps to keep your cat(s) Yes No Not Certain

Your new cat may take two months to adjust to his/her new home. Are you willing to allow this much time for the adjustment? Yes No If not, why? _____

How will you help your current cat(s) adjust to your new pet(s)? _____

Name and phone number of personal reference _____

Name/address/phone number of your veterinary hospital _____

May we call to verify vaccinations and spay/neuter status? Yes No

If this is your first cat, what veterinarian are you planning to use? _____

What 24-hour emergency veterinary hospital do/would you use?

Are you aware that the average annual veterinary expense for a cat is between \$300-\$600? Yes No

Are you willing to provide annual vet visits and any medical care necessary? Yes No Depends on cost

Where will you keep your cat(s) during the day? _____ At night? _____

Where will your cat(s) sleep? _____ Eat? _____

Where will you keep the litter box? _____ How long will your pet spend alone each day? _____

Will you let your cat(s) outside? Yes No **If yes,** Attended Unattended

Will you declaw your cat/kitten? Yes No Not Certain

If your cat begins scratching in places you prefer him not to touch, how will you handle the problem? _____

If your cat is not using his litter box, what would you do? _____

How will you care for your cat(s) when you travel, go on vacation, or in case of emergency requiring your extended absence? _____

By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in refusing adoption privileges to me/us. If my/our request is approved and later it is discovered the above information is not true or correct, I/we agree that Antoinette Piatt has the legal right to remove the cat from my home and find him/her a suitable home. If at any time during the first 90 days, you are having issues that would prevent you from caring for the adopted cat(s) please notify me for assistance. If there is a surrendering of the said cat(s) you must surrender to Antoinette Piatt of AdvoCats.

Signature of applicant: _____ Date: _____