



## Cat/Kitten Adoption Application

ALL APPLICATIONS ARE SUBJECT TO REVIEW BY THE ADOPTION COMMITTEE.  
COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE AN ADOPTION.

Date \_\_\_\_\_ Pet's Name \_\_\_\_\_ Cat ( ) Kitten ( )

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

1. Have you adopted from an animal adoptive group before? Yes( ) No( )

If yes, which one? \_\_\_\_\_

Do you still have the pet? Yes( ) No( ) Please explain if "No." \_\_\_\_\_

2. How did you hear about us? Commercial \_\_\_\_\_ Website \_\_\_\_\_ Friend/DVM \_\_\_\_\_ Newspaper \_\_\_\_\_

Other \_\_\_\_\_

3. Are you adopting for: Yourself( ) Immediate Family( ) Friend/Relative( )

Child( ) Business( ) Other \_\_\_\_\_

4. How many people live in your home? \_\_\_\_\_ Number of children? \_\_\_\_\_ Ages \_\_\_\_\_

Does anyone in the household have animal allergies? No( ) Yes( ) who \_\_\_\_\_

5. Why are you adopting a cat (check all that apply): Family Pet( ) Gift( ) Child's Pet( )

Companion for another pet( ) Mouser/Barn Cat( ) Adult Companion( ) Other \_\_\_\_\_

6. Which veterinary clinic do you use? (If you have no vet relationship, check here ( ) and state who you plan to use: \_\_\_\_\_

7. How much do you expect to spend on cat annually (including food, litter, vet care, extras)?

\$100-200( ) \$200-400( ) \$400-600( ) Other \_\_\_\_\_

8. Please check applicable living situation (all that apply):

( ) Own (check one: \_\_\_\_\_ House \_\_\_\_\_ Mobile Home \_\_\_\_\_ Condominium/Townhouse)

( ) Rent (check one: \_\_\_\_\_ House \_\_\_\_\_ Mobile Home \_\_\_\_\_ Apartment/Townhouse \_\_\_\_\_ Duplex \_\_\_\_\_ Dorn  
Landlord/Complex Name & Phone Number \_\_\_\_\_)

( ) Live with Roommate (please list name \_\_\_\_\_)

( ) Live with Parent/Guardian in their home (please list name \_\_\_\_\_)

9. On average, how many hours per day is someone at home on weekdays (excluding sleeping hours)?

\_\_\_\_\_ On weekends or days off? \_\_\_\_\_

10. What will you do with your cat when you must be out of town? \_\_\_\_\_

11. Cat's primary living quarters will be: Outside( ) Inside( ) Both equally( )

12. Where will the cat/kitten stay while you are away from home for work or school?

( ) **Outdoors** (check one): Loose Outside( ) Confined in Garage/Barn( )

( ) **Indoors** (check one): Loose in Home( ) Crated( ) Confined to a Room( ) Basement( )

13. Where the cat/kitten sleep at night:

( ) **Indoors** (check one): Free run inside home( ) Confined to a room( ) Basement( )

In bed with owner( ) Crated( )

( ) **Outdoors** (check one): Garage/Porch( ) Yard or pen( )

13. Please describe what you feel are the characteristics of the ideal cat for you/your family.

\_\_\_\_\_

14. Do you plan to spay/neuter? Yes ( ) No ( ) Already Altered ( )

15. Please complete the following on all pets owned in past 10 years (use separate page if needed):

	First	Second	Third	Fourth
<b>Name/Sex</b>				
<b>Breed</b>				
<b>Spayed/Neutered?</b>				
<b>Age when acquired?</b>				
<b>Current age?</b>				
<b>Still a family member?</b>				
<b>If deceased, at what age?</b>				
<b>What happened if not still owned?</b>				
<b>Health/behavior problems?</b>				

16. How many years do you plan to keep this cat/kitten? \_\_\_\_\_

17. Are you prepared to deal with the cost of both routine vet care (e.g. annual shots, worming) and non-routine emergency vet care, especially as the animal gets older? \_\_\_\_\_

18. What situation/problem would force you to give up a cat? (Check all that apply)  
 Pet Behavior Problem (i.e. destructive, litter training( ) Moving( ) Birth of Child( ) Divorce( )  
 Owner Illness/Death( ) Family Member Allergies ( ) Desire of New Family Member/Significant  
 Other( ) Lifestyle Change( ) Other \_\_\_\_\_

19. If you had to give up your pet, would you? Give it away( ) Take it to the nearest shelter( )  
 Sell it ( ) Return it to us( ) Turn it loose to find a new home( ) Other( )

20. Please list three references not living with you. Only one may be a family member.

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Certification

Although I understand that every animal adopted has been inspected and its history reviewed, I appreciate that you can make no warranty in regard to the pet and that you can give me only such information as you have received with regard to the pet. If, for any reason, I am not able to care for my adopted pet, I will contact the Animal Care Society for acceptance into the Center and readoption. The Society will determine whether or not the pet can be accepted for readoption, or for including the pet in its referral for adoption records. If the Animal Care Society demands the pet's return for any reason, I agree to promptly return the pet to the Center. **I shall be personally responsible for the humane care and control of the pet and I agree that your agent shall be allowed to see the pet at any reasonable time.** I further understand that any donation I have given to the Animal Care Society is a donation towards its work in caring for pets.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ACS Witness** \_\_\_\_\_

**Notes:**

1 2 3 COMMITTEE A B