



# Pre-Adoption Application

Cat Interested In \_\_\_\_\_

The average life expectancy for an indoor cat is 12 to 20 years.

Name					
Address					
City		State		Zip Code	
Home Phone		Mobile Phone		Work Phone	
Email					
Employer					

## Household Information (Please list all individuals over the age of 18 in your household on the back of this

page)

- Are you between the ages of 21 and 75? Yes \_\_\_ No \_\_\_
- Do you have children under the age of 18 in your household? Yes \_\_\_ No \_\_\_
- If yes, what are their ages? \_\_\_\_\_
- If yes, do they understand the importance of caring for a pet? Yes \_\_\_ No \_\_\_
- Who will be the primary care giver for the pet? \_\_\_\_\_
- Is anyone in the household allergic to cats? Yes \_\_\_ No \_\_\_
- Is anyone in the household on oxygen therapy? Yes \_\_\_ No \_\_\_
- Does anyone in the household have breathing problems? Yes \_\_\_ No \_\_\_
- Is everyone in the household in agreement with this adoption? Yes \_\_\_ No \_\_\_
- Do you own or rent your residence? Landlord approval required  
Own \_\_\_ Rent \_\_\_  
Landlord's name \_\_\_\_\_ Phone Number \_\_\_\_\_
- Who would assume pet care responsibility if you move or have other life changes and you are no longer able to? \_\_\_\_\_
- Will this cat be Indoor only? \_\_\_ Indoor/Outdoor? \_\_\_ Outdoor Only? \_\_\_
- Do you have a pet door? Yes \_\_\_ No \_\_\_ If yes, where does it go? \_\_\_\_\_
- Have you had a cat de-clawed? Yes \_\_\_ No \_\_\_ If yes, would you do again? Yes \_\_\_ No \_\_\_
- If yes, why would you choose this option? \_\_\_\_\_
- Have you ever been convicted of: animal abuse or neglect? Yes \_\_\_ No \_\_\_ a violent crime? Yes \_\_\_ No \_\_\_
- Have you ever relinquished an animal to a shelter or animal control? Yes \_\_\_ No \_\_\_
  - If yes, why \_\_\_\_\_

## Pet History (continue on back page if more than 3 pets)

How many pets have you had in your household in the last 5 years? \_\_\_\_\_ (if zero, please continue to Consent section)

Pet Name	Type /Breed	Age	Spayed or Neutered	Still in Household?	If no longer in household, please indicate what happened to the pet.

## Pet Medical Information

- Do these pets receive regular veterinary care? Yes \_\_\_ No \_\_\_
- Are all pets current on their vaccines? Yes \_\_\_ No \_\_\_
- Are all pets heart worm and leukemia tested? Yes \_\_\_ No \_\_\_
- Can we contact your regular clinic or veterinarian? Yes \_\_\_ No \_\_\_  
Veterinarian and Phone Number \_\_\_\_\_

## Consent

- Do you consent to a home visit/inspection as part of the application and approval procedure? Yes \_\_\_ No \_\_\_
- Do you consent to a post adoption home check? Yes \_\_\_ No \_\_\_
- Please list times generally available for a visit? \_\_\_\_\_

Cats are placed upon clear completion of background check for applicant and all household members, usually 24 – 48 hours.

Signature

Date

For Office Use only	
Volunteer Name	Date

Additional Household Members over the age of 18

Full Name(First Name, Middle Name, Last Name)	Date of Birth

Pet History Continued

List Additional Pets					
Pet Name	Type /Breed	Age	Spayed or Neutered	Still in Household?	If no longer in household, please indicate what happened to the pet.

For Office Use Only			
Payment Type	Amount	Date	Notes
Cash _____ Check _____ Ck# _____ Credit Card _____			