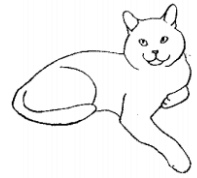




# Adoption Request for \_\_\_\_\_

Cat's Name



Print your name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Do you live in an apartment \_\_\_\_\_ or a house \_\_\_\_\_?

How long have you lived at this address? \_\_\_\_\_

If renting, does your lease allow pets? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide landlord's or property manager's name and contact information: \_\_\_\_\_

Number of adults in the household? \_\_\_\_\_

Number of child(ren) in the household? \_\_\_\_\_ Ages of child(ren) \_\_\_\_\_

Who are you adopting this pet for? Yourself Relative Friend Pet Other \_\_\_\_\_

Do you have other pets in the household? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many of each: Dogs \_\_\_\_\_

Cats \_\_\_\_\_

Other animals - rabbits, birds, reptiles, etc. \_\_\_\_\_

If no, what pets have you previously owned? \_\_\_\_\_

Are your pets spayed or neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your pets current on yearly vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_

Veterinarian \_\_\_\_\_

Do you have the following items ready for your new cat:

Litter box and litter? Yes \_\_\_\_\_ No \_\_\_\_\_

Food? Yes \_\_\_\_\_ No \_\_\_\_\_

Something for the cat to scratch? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan to keep the cat inside \_\_\_\_\_ outside \_\_\_\_\_ both \_\_\_\_\_

How do you plan to introduce the cat to your home?

\_\_\_\_\_

Do you plan to declaw the cat? Yes \_\_\_\_\_ No \_\_\_\_\_

If adopting a kitten, have you raised one before? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever surrendered an animal to a shelter? If so, describe the circumstances:

\_\_\_\_\_

An adoption counselor will contact you. When is the best time to call? \_\_\_\_\_

For shelter use only

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

For shelter use only

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_