



# Cat Adoption Application

### To be considered as an adopter, you must:

- Be 21 years of age or older
- Have identification showing your present address (Provide driver's license to Save A Pet adoption rep)
- Have the knowledge and consent of your landlord or copy of lease with pet approval rider
- Be able and willing to spend the time and money necessary to provide medical treatment and proper care of the cat

Date \_\_\_\_\_

Please print legibly & complete both sides. Do not leave any blanks, if a question is not applicable, please write N/A

Applicant name \_\_\_\_\_ License # \_\_\_\_\_

Co-applicant name \_\_\_\_\_ License # \_\_\_\_\_

Street address (PO box unacceptable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Co-applicant (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail \_\_\_\_\_ Age \_\_\_\_\_ Co-applicant age \_\_\_\_\_

House  Apartment  Condo  Mobile Home  Other \_\_\_\_\_

Do you own or rent your home?  Own  Rent

If you rent, please provide copy of lease agreement and/or pet rider and complete the following line:

Landlord or property manager's name and phone number: \_\_\_\_\_

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

Will this be your first cat? \_\_\_\_\_ What kind of pets have you had in the past? \_\_\_\_\_

Which of these do you still have? (Include name, age, sex and breed.) \_\_\_\_\_

Have they been spayed or neutered?  Yes  No  Don't know

Are they current on vaccinations?  Yes  No  Don't know

Have your cats been tested for feline leukemia?  Yes  No  Don't know

Have your cats been tested for FIV?  Yes  No  Don't know

Are your cats declawed?  Yes  No If yes, where is the cat declawed?  Front paws  All four paws

Who is your veterinarian? \_\_\_\_\_ Phone \_\_\_\_\_

Name of Practice \_\_\_\_\_ City/state \_\_\_\_\_

What happened to the pets you no longer have? \_\_\_\_\_

Have you ever surrendered any of your animals to a shelter?  Yes  No If yes, please explain:

Have you ever had a pet euthanized?  Yes  No If yes, please explain:

If you have pets, will they adjust to a new cat in the house?  Yes  No  Don't know  
Why do you want this cat?  Companion  Companion for other pet  House pet  Barn cat  
 Mouser  Office cat  Other (explain) \_\_\_\_\_  
How many adults are in your family? \_\_\_\_\_  
How many children? \_\_\_\_\_ Children's ages? \_\_\_\_\_  
Does any member of your household have an allergy to cats?  Yes  No  
Is someone home during the day?  Yes  No If yes, who? \_\_\_\_\_  
How many hours each day will the cat be without human companionship? \_\_\_\_\_  
Please explain: \_\_\_\_\_  
(Please consider adopting 2 cats if there is no-one home all day)

Where will you keep the cat?  In the house  Outdoors  With free access both indoors and outdoors  
 In the barn Please explain: \_\_\_\_\_  
Do you have a cat or dog door?  Yes  No  
Will you have the cat declawed?  Yes  No  Maybe  
Are you aware of the potential side effects of this operation?  Yes  No  
Will you keep the cat up-to-date on vaccinations?  Yes  No  
If you go away for a few days, or on a vacation, who will take care of the cat?  
\_\_\_\_\_

If you move, will you take the cat with you?  Yes  No  
Are you aware that cats can live 15 to 20 years and are you willing to take responsibility for this cat for the next 10 to 20 years?  Yes  No  
If no, explain: \_\_\_\_\_  
What provisions will you make for the cat should you become unable to care for him/her?  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments from applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide two personal references:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Notes (for Save A Pet's use) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_