



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	for	Date of Birth (for background check)		

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 ___
- 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.

Signature _____ **Date** _____

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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 _____			