

CAT ADOPTION APPLICATION

Cat Support Network

If you cannot answer TRUE to ALL OF THE following questions - THEN STOP and call the rescue organization that you are wanting to adopt from to discuss.

- | | |
|---|---|
| <input type="checkbox"/> I am at least 21 years of age | <input type="checkbox"/> I know a cat can live to be 20 years old |
| <input type="checkbox"/> If I move I will be taking my pets with me | <input type="checkbox"/> I am certain my job will not relocate me outside the US |
| <input type="checkbox"/> I can and will commit to keeping this cat(s) for its entire life | <input type="checkbox"/> I plan to live full-time in the US for the next 20 years |

Please note: Completing this application does not guarantee an adoption.

Name of cat you are interested in adopting:

I am adopting this cat as a surprise for someone outside my household: YES No Relationship:

APPLICANT

Applicant's Name:	Home phone:
Email:	Cell phone:
Address:	Unit:
City:	Zip Code:
How long at the above address? _____ Years _____ Months	Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own
Above address is a: <input type="checkbox"/> House <input type="checkbox"/> Townhouse/Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment	
Are you planning to move within the next six months? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, we recommend you adopt after you have moved.	

If renting, list name of Complex:

Name of Landlord: _____ Phone: _____

Are you: Working? Occupation: _____ Retired? Student? Unemployed? Other:

How many in household: Adults (___ F / ___ M) Children (___ F / ___ M) **Ages of children:**

Do all members of your household agree to a new pet? YES NO

Does any member of your household have allergies to cats? NO YES Explain:

How often do you travel: Frequently ___ times a year Occasionally Almost never

CAT PREFERENCES

The noise/activity level at my home is usually: Low Medium High

I need a cat that will tolerate being alone at least _____ hours per day

Most cats and kittens REQUIRE some time to adjust to feeling safe and comfortable in the new surroundings.

How much time will you be willing to give the cat to adjust?

None, the cat needs to be "good to go" One week Two weeks One month As long as it takes

Can you provide a "safe room" for the cat today? NO YES Which room? _____

A "Safe Room" is a room in your house where the cat can be kept for the first few days to help with adjustment to the new home/family.

NOTE: Safe Room must be a room with a closed door.

What will you do if your cat develops behavior issues such as scratching furniture, meowing too much, biting, shedding or urinating inappropriately?

Have you ever had to re-home or give away or take a cat to a shelter? YES NO Reason _____

Under what circumstances, would you re-home or give away or take a cat to a shelter now? None

- | | | | | |
|----------------------------------|--------------------------------------|---|--|--|
| <input type="checkbox"/> Moving | <input type="checkbox"/> New Baby | <input type="checkbox"/> Allergies | <input type="checkbox"/> Health issues | <input type="checkbox"/> Behavior problems |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> New partner | <input type="checkbox"/> Want to travel | <input type="checkbox"/> Scratch furniture | <input type="checkbox"/> Not getting along with other pets |

PLEASE THINK CAREFULLY ABOUT THIS: If or when you move or have to re-locate to another state, you will:

- Take my pets with me Find a pet-friendly neighbor Find my cat a new home Give my cat to a relative Not sure

CURRENT PETS

TOTAL# OF CATS? _____

TOTAL# OF DOGS? _____

CURRENTLY I HAVE NO PETS

Type (i.e. dog, cat, etc.)	Age	Sex	Shots up to date?	Spayed or Neutered?	Declawed?	Percent of Time your pet spends		
						Inside?	Outside?	In Garage?
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Dog owners: When your dog needs to go outside to relieve itself, do you: (check all that apply)

- Take the dog for a walk Have a dog door Open the door for him Leave the door open

PREVIOUS PETS 'WITHIN THE PAST 3 YEARS)?

I HAVE NOT HAD A PET IN THE LAST 3 YEARS

Type	Age	Sex	Spayed or Neutered?	In, Out or Garage?		Where is the Pet now?
				Day	Night	
CAT		<input type="checkbox"/> M <input type="checkbox"/> F				
DOG		<input type="checkbox"/> M <input type="checkbox"/> F				

CAT CARE

If I adopt this cat, I would remove claws (de-claw): Front Paws All Paws Never Not sure Depends on behavior

I will take this cat to the vet: For a yearly exam When cat shows signs of illness If behavior issues

Who will be responsible for this cat's daily care? Self Spouse Children Roommate

During the day, where will cat stay:

anywhere in house anywhere in or outside in garage bath/laundry other _____ Not sure

During the night, where will cat stay: anywhere in house anywhere in or outside in garage

I plan to put the litter box: Bath or laundry Bedroom Spare room Patio Garage other _____

Name of Primary Veterinarian or Clinic: _____

City: _____ Phone: _____

_____ "I promise to give this cat a loving home for his/her entire life"

_____ "I promise to NEVER declaw this cat at anytime for any reason"

_____ "If unforeseen circumstances arise that makes it impossible for me to keep this cat I promise to contact our organization

CAT SUPPORT NETWORK"

_____ "I agree to a home visit, if needed"

_____ "I understand that all adoption fees are **NON_REFUNDABLE**"

By signing this form, I acknowledge that all information on this form is true and correct. I understand that any misrepresentation may result in my adoption privilege being refused. If my request for adoption is approved and later it is discovered that the above information is not true or correct, Cat Support Network reserves the right to remove the adopted cat from my home/property.

Signature: _____

Date: _____

Approved By: _____