

COMPANION ANIMAL PLACEMENT (CAP)

APPLICATION TO ADOPT A CAT OR KITTEN

PERSONAL INFORMATION

Today's Date _____

Name: _____

Address: _____ Apt # _____ City/State/Zip: _____

Primary Tel (w/ area code): _____ Secondary Tel: _____

Email Address: _____

WHAT ARE YOU LOOKING FOR IN A CAT/KITTEN:

Name(s) of pet you are interested in: _____ Age desired: _____ Sex desired: _____

Why do you want to bring a new pet into your home?

What particular qualities are you looking for in a cat/kitten? (If you are requesting kittens, please note, unless there is another young & active cat in the household, kittens are to be adopted in pairs for proper socialization.)

What will the cat/kittens' living situation be like? (Choose one)

_____ Cat will be a house pet and live inside with family _____ Cat will be a mouser indoors/outdoors

_____ Cat will live (primarily) in house, but will have access to outdoors _____ Cat will live (primarily) outside

_____ Other, please explain:

When will you be ready to take the cat/kittens home? _____

Can we call you in the future for reports on the cat/kittens or visit your home? _____

Do you agree to return the cat/kittens to CAP if, for any reason whatsoever, this adoption does not work out? _____

HOUSEHOLD INFORMATION

What type of housing do you live in? Apt _____ Co-op/Condo _____ House _____

Own _____ Rent _____ Landlord's name and number: _____

Do you live with: Spouse/Partner _____ Family _____ Roommate(s) _____ Alone _____

Adults in household: _____ Children & Ages: _____

Does anyone in household have allergies to cats? _____ Does anyone smoke? _____

The noise/activity level in your home is: _____ low _____ moderate _____ high

Are you planning to change residence in the near future? _____

If you were to move, what would you do with your pet? _____

Number of pets in household (please list by name/type/age):

- 1.
- 2.
- 3.

Is your cat up-to-date on vaccines? _____ Been tested for Feline Leukemia & FIV? _____ Results? _____

Do your cats go outside? _____ Do you plan to let new cat go outside? _____ Are your cats declawed? _____

Have you ever declawed a cat? _____ Do you plan to declaw the new cat or kittens? _____

Are your current dogs/cats spayed/neutered? _____

Do you agree to have the new cat/kittens spayed or neutered? _____

If you do NOT have a cat now, have you had cats in your home previously? _____

Please list pets you have had previously by type and what happened to them. Please elaborate.

Have you ever given up an animal for adoption? If so, why?

Under what circumstance(s) would you consider giving up a pet? (examples: allergies, scratching furniture, not using litter box, etc.)

CATS' LIFE

Who is the major person responsible for the pet(s) in your household? _____

How many hours a day will the cat/kittens be left without humans around? _____

If you live in an apartment or co-op/condo, how large is it and where will the cat/kittens and other animals spend most of their time? _____

Are your windows screened and secure? _____

If you live in a house, do other pets come into your house or yard? Will your new cat/kittens have any contact with animals outside your home? _____

When you are away from home, who takes care of your animals? _____

Some cats may become stressed by the transition into a new home, how long are you willing to give that cat to adjust?

VET REFERENCE (If you do not currently have a vet, please give us a vet you have used in the past for other animals. If you have not had an animal before, please give us a second personal reference).

Vet's Name: _____ Clinic/Hospital/Practice: _____

Phone number: _____ Name(s) records are under: _____

PERSONAL REFERENCE (Someone, not related, who knows you and your animals)

#1 Name: _____ Relationship to Applicant: _____

Phone number: _____ Email: _____

#2 Name: _____ Relationship to Applicant: _____

Phone number: _____ Email: _____

Are you aware that with good health and veterinary care, a cat can live up to 20 years? _____ Are you prepared to make that commitment to a cat or kittens that you adopt from CAP? _____

I certify the above to be true and complete to the best of my knowledge.

Signature

Date