CAT ADOPTION APPLICATION

DATE: _____

APPLICANT'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE #: _____ ALTERNATIVE PHONE #: _____

EMAIL ADDRESS: _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

IF LESS THAN ONE YEAR, PLEASE LIST PREVIOUS ADDRESS:

_____

WHAT ARE YOU LOOKING FOR?

ARE YOU INTERESTED IN A SPECIFIC CAT? IF YES, ANIMAL'S NAME: _____

WHAT ATTRACTED YOU TO THIS CAT? _____

WHAT ARE YOU LOOKING FOR IN A CAT? (Active, mellow, good with children, etc.)

_____

WHAT AGE OF CAT ARE YOU LOOKING FOR? _____

DO YOU HAVE A GENDER PREFERENCE? _____

WILL THIS CAT LIVE INSIDE OR OUTSIDE? _____

IF OUTSIDE, PLEASE EXPLAIN THE CONDITIONS THE ANIMAL WILL BE LIVING IN:

_____

_____

WILL THIS BE A BARN CAT? _____ IF YES, WILL THE CAT BE PROVIDED WITH DAILY FOOD, WATER, AND A HEATED PLACE TO SLEEP IN THE WINTER? _____

ARE YOU LOOKING FOR A DECLAWED CAT? Yes / No

DO YOU AGREE NOT TO DECLAW THIS CAT IF IT HAS NOT ALREADY BEEN DONE? Yes / No

PET OWNING EXPERIENCE:

IF YOU CURRENTLY HAVE PETS, PLEASE LIST THE NAMES, TYPES, AND AGES:

_____

_____

DO YOUR CURRENT PETS GET ALONG WITH OTHER ANIMALS? Yes / No

IF NO, PLEASE EXPLAIN: _____

VETERINARIAN YOU CURRENTLY USE: _____

VET PHONE #: _____ LOCATION: _____

NAME THE VET RECORDS ARE UNDER: _____

***IMPORTANT: PLEASE CONTACT YOUR VET'S OFFICE TO AUTHORIZE RELEASE OF RECORDS*.**

HOW MANY PETS HAVE YOU OWNED IN THE PAST 10 YEARS? _____

IF YOU NO LONGER HAVE THESE PETS, WHAT HAPPENED?

_____

_____

ARE YOUR CURRENT PETS SPAYED OR NEUTERED? _____

IF NOT, WHY NOT? _____

ARE YOUR CURRENT PETS UP TO DATE ON VACCINATIONS? _____

GENERAL QUESTIONS:

IF NECESSARY, ARE YOU ABLE TO SPEND $500 OR MORE ON VET CARE? Yes / No

WHAT REASONS WOULD CAUSE YOU TO FIND YOUR CAT A NEW HOME?

AGE OF CAT _____ AGGRESSION _____ MOVING _____ CLAWING FURNITURE _____

LACK OF TIME _____ NEW BABY _____ NOT USING LITTER BOX _____ OTHER PETS _____

HAVE YOU EVER SURRENDERED/SOLD/REHOMED AND ANIMAL? Yes / No

IF YES, PLEASE EXPLAIN WHY: _____

_____

YOUR HOUSEHOLD:

PLEASE LIST THE NAMES OF ALL INDIVIDUALS LIVING WITH YOU:

_____

_____

DOES ANYONE IN THE HOUSEHOLD HAVE ALLERGIES TO ANIMALS? Yes / No

IF YES, PLEASE EXPLAIN: _____

I LIVE IN A: HOUSE _____ APARTMENT _____ CONDO _____ MOBILE HOME _____

DO YOU OWN, RENT, OR RENT TO OWN? _____

IF YOU RENT, PLEASE LIST THE NAME AND PHONE NUMBER OF YOUR LANDLORD/PROPERTY MANAGER OR WHOMEVER IS LISTING ON THE COUNTY AUDITOR'S WEBSITE:

_____

IMPORTANT: IF CCAPL CANNOT CONTACT YOUR LANDLORD IN A TIMELY FASHION, THIS MAY PROLONG THE PROCESSING OF YOUR APPLICATION

DO YOU UNDERSTAND THAT SOME CATS/KITTENS MIGHT SHOW SIGNS OF STRESS WHEN YOU BRING THEM HOME (SUCH AS HIDING, AGGRESSION, OR NOT USING THE LITTER BOX)?

_____

AGREEMENT:

- YOU AGREE TO OBEY YOUR LOCAL LAWS REGARDING AN ANIMAL
- YOU WILL RETURN THE CAT TO CCAPL IF YOU ARE NO LONGER ABLE TO KEEP IT WITH THE UNDERSTANDING THE ADOPTION FEE WILL NOT BE REFUNDED.
- YOU UNDERSTAND YOU ARE RESPONSIBLE FOR PROVIDING FOOD, WATER, SHELTER, EXERCISE, MEDICAL CARE, AND HUMANE TREATMENT FOR THE CAT AT ALL TIMES.
- WE RESERVE THE RIGHT, IN OUR SOLE DISCRETION, TO REFUSE ANY APPLICANT FOR ANY REASON.

PLEASE READ:

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. BY SUBMITTING THIS APPLICATION, I ACKNOWLEDGE THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT**. I UNDERSTAND THAT ANY MISREPRESENTATION OF FACTS MAY RESULT IN REFUSAL OF ADOPTION PRIVILEGES TO ME.**

PLEASE ALLOW 3-5 BUSINESS DAYS FOR CCAPL TO FULLY PROCESS YOUR APPLICATION.

APPLICANT SIGNATURE: _____ DATE: _____