

Is there anyone in your home who is allergic to animals? Yes ___ No ___

Name(s) of other individuals at the residence: _____

Name(s) and ages of frequent visitors: (friends, children, grandchildren) _____

Are any of them allergic to animals? Yes ___ No ___ How often do they visit? _____

REFERENCES: Must be complete in order to qualify for an adoption!

Name of Family member not living with you: _____

Their address: _____
(street no) (street name) (city) (zip code)

Phone No: _____ Relationship to you: _____

Employer's Name: _____ Work No: _____

Name of a Friend: _____ Phone No: _____

Their address: _____
(street no) (street name) (city) (zip code)

Employer's Name: _____ Work No: _____

How long have you know this person: _____

Do you live in a House ___ Condo ___ Apartment ___ Other _____

How long have you lived there? _____ Do you rent ___ or own ___

If you rent, provide landlord's name: _____

Landlord's address: _____
(street no.) (street name) (city) (zip code)

Landlord's Phone No: _____ May we call your Landlord? Yes ___ No ___

If no, please explain _____

Does the rental contract specifically allow animals? Yes ___ No ___

Does the contract require the cat to be declawed? Yes ___ No ___

Name of Cat/Kitten that you wish to adopt. _____

Why do you wish to adopt this cat/kitten? _____

Will the cat be kept: indoors only ___ outdoors only ___ indoor and outdoor ___

Who will be the primary caregiver for this pet? Yourself ___ Spouse ___ Child ___ Other ___

Have you ever owned a cat/kitten before? Yes ___ No ___

Do you still own the cat/kitten? Yes ___ No ___

If no, What happened to it? _____

Have you ever had a cat die? Yes ___ No ___ Name _____ Age _____

What happened to it? _____

And how long ago did you loose this pet? _____

What other pets do you currently own? Dogs ___ Cats ___ other _____,

Please specify breed, sex and ages of other animals currently in your family:

Name of Cat/Dog _____	Breed _____	Age _____	M/F _____
Name of Cat/Dog _____	Breed _____	Age _____	M/F _____
Name of Cat/Dog _____	Breed _____	Age _____	M/F _____

Use the back, if more.

Are these other pets spayed or neutered ? Yes ___ No ___ If no, Why? _____

Which of the above cats are declawed? _____

Do you have a doggie door? Yes ___ No ___

Where is the potty box located? _____

What hours will the primary caregiver be home? _____

How will the pet be cared for when you are out of town? _____

Do you have Coyotes in your neighborhood? Yes ___ No ___

Do you have a problem with the cat wearing an ID tag and collar for it's safe return? Yes ___ No ___

Do you know about micro-chipping? Yes ___ No ___

If you have a new baby, what will you do with the cat? _____

Cats have been known to claw furniture, carpets and drapes, dig in potted plants, etc. How do you plan to deal with these potential problems ? _____

Do you plan on having the cat declawed? Yes ___ No ___

Please describe what declawing is? _____

What kind of behaviors do you feel you cannot accept? _____

What will happen to this pet if you move during its lifetime? _____

Thinking ahead for the next 15 yrs or more, under what circumstances would you not be able to keep this pet? _____

Are you planning to keep this pet for the next 15 - 20 years? Yes ___ No ___

VETERINARIAN:

Do you currently have a veterinarian? Yes ___ No ___

Name of your Vet _____

Address _____
(street no.) (street name) (city) (zip code)

Phone number _____

Are you aware that pets need annual teeth cleaning, to prevent kidney, liver or heart failure? Yes ___ No ___

Are you willing to provide adequate veterinary care if this animal becomes sick or injured ? Yes ___ No ___

If your cat got into poison or broke a leg and you had to take it to the emergency clinic, how much money could you spend, before you would consider putting it to sleep? \$ _____ (Please indicate a Dollar Amount, Not "Unlimited") - (Not counting a terminal disease)

Important note:

Cats In Need is very passionate in finding the best home for this pet. This is good for you, because you can return this pet, if it does not work out, for any reason. Your application will be reviewed along with all others received to insure that the best home possible is selected for this pet. Pets are not adopted on a first-come, first serve basis. Your completion of this application is NOT a guarantee of adoption.

Verification of all your information and an interview will determine if this pet is the best choice for your family. Your information is confidential, and is for the use of Cats In Need only. Your information will not be released to any individual or company outside of Cats In Need.

I understand that I am not purchasing this pet from Petco. Yes ___ No ___

I understand that I am adopting, not purchasing this pet from Cats In Need and that I will be required to return this pet to Cats In Need if I am unable to keep it or care for it's medical expenses.
Yes ___ No ___

I am aware that Cats In Need reserves the right to take the cat/kitten back should they feel any terms of the contract have been broken. Yes ___ No ___

I understand that Cats In Need of Human Care will do a home delivery before adopting this pet.
Yes ___ No ___

X _____ Date: _____
Applicant's Signature

X _____ Date: _____
Applicant's Spouse or Roommate (signature is required as their acceptance to this adoption)

X _____ Date: _____
Signature of Cats In Need Representative

We try to provide a pleasant transition for you and our Pets, so we deliver some of them to your house. PLEASE DRAW A MAP TO YOUR HOUSE ON THE BACK OF THE QUESTIONNAIRE.