



Date: _____

Cat/Kitten Name _____

ADOPTION APPLICATION

Please answer the following questions as completely as possible so that we can help you select the right pet for you:

Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Employer Name & Address: _____

How long at present address? _____ Rent or Own? _____ If you rent, are pets allowed? _____

Landlord's Name & Phone # _____

Name & phone number of your veterinarian: _____

Have you had pets before? _____ Where are those pets now? _____

How would you describe your lifestyle? Busy _____ Quiet _____ Other _____

If you moved locally or out of state would you keep this adopted pet? _____

Do you have other animals? _____ If "yes", please indicate:

<u>Type</u>	<u>Name</u>	<u>Approximate Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are your pets indoor or outdoor pets? _____ Current on vaccines? Yes _____ No _____

Would you ever consider declawing your pet? _____

Ages of children in your household: _____

Do you have children that visit frequently: Yes _____ No _____

Have you ever cared for a pet with chronic illness or special needs, such as diabetes, allergies, chronic diarrhea, feline AIDS, etc.? _____ Would you be willing to do so? _____



Under what circumstances would you give up ownership of your pet(s)? _____

Under what circumstances would you put your pet to sleep? _____

If something was to happen to you what arrangements do you have for your animals? _____

Do you agree to return the pet to Catopia Cat Rescue if you can no longer care for it? _____

Are you willing to spend whatever is necessary for the health and well-being of your pet(s)? _____

Does your spouse (or significant other) who lives with you agree with your adoption of this cat? _____

Indoor sterilized cats live on average 15-20 yrs, are you prepared to make a lifetime commitment? _____

Please give two personal references (not related to you):

(1) Name: _____ Telephone: _____

Address: _____

(2) Name: _____ Telephone: _____

Address: _____

APPLICANT'S SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

CATOPIA CAT RESCUE, INC.

By: _____ Phone #: _____

Thank you for your application – please consider that:

- Our rescue survives completely on donations and public support.
- We take in neglected and cruelty cases
- Some cats in our care require surgery and special medical treatment before they are available for adoption and may cost us a substantial amount.