

**Kizzy's Place**

**CAT ADOPTION APPLICATION**

Date: \_\_\_\_\_

In which of our cats are you interested?

Choice 1: \_\_\_\_\_ Choice 2: \_\_\_\_\_

The following information is requested so that we can assist you in the selection of a new pet. This form is designed to help us determine if the adoption is in the best interest of the cat and to assist you in finding an animal most compatible with your household & lifestyle. **Kizzy's Place reserves the right to refuse an adoption for any reason.**

In order to be considered as a prospective adopter you must:

- Have identification showing your present address.
- Have the knowledge and consent of your landlord.
- Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for a pet.

***Completion of this application does not guarantee adoption.***

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Describe the type of cat you are looking for:

Would this cat be your first pet? Please circle: Yes / No

What kind of pets have you had in the past?

Please list all of the pets currently in your household. Please provide the name of the animal, its species, and its age (e.g. Spot, dog, 5 years old).

Have all of your previous and current pets been spayed or neutered? Please explain.

What happened to the animals that you no longer have? Please explain.

How many adults are in your household? \_\_\_\_\_

How many children are in you household? \_\_\_\_\_

Children's ages if applicable: \_\_\_\_\_

Does any member of your household have any allergy to animals?

Please circle: Yes / No

Is someone home during the day? Please circle: Yes / No

If so, who? \_\_\_\_\_

How many hours per day will the animal be left alone? \_\_\_\_\_

Which do you live in? Please circle: House / Apartment / Condo / Mobile Home

Do you own or rent your home? Please circle: Own / Rent

How long have you resided at your current address? \_\_\_\_\_

If you rent, may we contact the owner to obtain permission for this animal to live in your home? Please circle: Yes / No

Owner's Name and Phone Number: \_\_\_\_\_

Who is your veterinarian?

Name of Vet: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***Please note that we will need to contact your veterinarian for a reference.***

If you go away for a few days or on vacation, who will take care of the animal?

If you must move, will you take the animal with you?

Will you keep the cat inside or outside?

Will you have the cat de-clawed?

What will you do if the cat claws the furniture or shows other destructive behavior?

Where will this animal be kept during the day?

Where will this animal be kept during the evening?

Have all of your cats been tested for Feline Leukemia? Please circle: Yes / No

Results: positive \_\_\_\_\_ negative \_\_\_\_\_

Have all of your cats been tested for Feline Aids? Please circle: Yes / No

Results: positive \_\_\_\_\_ negative \_\_\_\_\_

Are you willing to have a representative from Kizzy's Place come to see where the pet will be living? Please circle: Yes / No

Are you able, willing, and prepared to take responsibility for this pet for the next fifteen to twenty years? Please circle: Yes / No

Is there any additional information that you would like to provide to us?