



All About Cats Inc. reserves the right to refuse any applicant.

About you:

Applicant Name: _____
Age: _____
Street address: _____
City: _____ State: _____ ZIP: _____
Cell Phone: _____ Home/Work: _____
E-mail (required field) _____
Employer: _____ Occupation: _____ Yrs. _____
Co-applicant (Spouse or Significant Other): _____

Name(s) of kitties are you interested in _____
• Will this kitty be allowed outdoors? Yes ___ No ___
How do you feel about declawing? _____

Where you live:

Apartment ___ House ___ Condo/Townhouse ___ Trailer/Mobile home ___
Rent ___ Own ___
If you rent, do you have the landlord's permission to own a cat?
Yes ___ No ___
• Apartment complex name _____
• Landlord/Management phone number _____
• How much is the pet deposit? \$ _____

How many times have you moved in the past 5 years? _____
What would you do with the kitty if you needed to move and the new location that did not allow pets? - Please specify: _____

Do you or anyone in your household currently have any health problems that concern you about owning a pet? Yes ___ No ___
If so, please describe: _____
Do any family members have allergies? Yes ___ No ___

Number of adults in household? _____
Do any children live in the house? Yes ___ No ___
• Gender(s) and Age(s) of children _____
Number of pets currently in household _____
• Type(s) _____
Are all current pets spayed/neutered? Yes ___ No ___
Do current cats have their claws? Yes ___ No ___
Current Veterinarian's name, address, and phone number: _____

How many cats have you previously owned? _____
• What happened to each of them (put to sleep, died of old age, sold, given away, ran away, etc.)

How do you plan to protect against fleas and ticks? _____
How often do you take your animals to the vet? _____
Have you ever given a cat up? Yes _____ No _____
• If so, please explain the circumstances: _____

Have you ever had a cat for a very brief period of time that did not work out? Yes _____ No _____
• Why and what happened to it: _____

If you are unable to keep the cat for any reason at any time, will you return the cat to us? Yes _____ No _____

By signing below, I attest to the truthfulness of all my answers and that I have read, understand and agree with the following information. Falsification of any information above will be grounds for rejection of this application and possible removal of adopted pet from my home. Applicant must be 21 years of age or older. All adoptees are rescued kittens/cats and are usually from a shelter or pound. Although All About Cats Inc. works towards socialization of all kittens/cats and would not adopt out a kitten/cat that has demonstrated aggressive or potentially harmful behaviors, in submitting this form, I understand and agree that neither All About Cats Inc. nor any person or entity associated with, or working with, or on behalf of, or as agent of All About Cats Inc. is liable for any injury(s), illness or damages that may result from my/our adoption of any kitten/cat. I also understand every effort has been made to insure the cat/kitten is healthy and all available medical information will be provided at adoption. Cats/kittens will be spayed or neutered and have age appropriate vaccinations prior to adoption. All About Cats Inc. strongly encourages all adopters to take their new cat/kitten to their vet for an exam (at their expense) within 15 days of adoption. All About Cats Inc. is not responsible for further medical needs including but not limited to routine vaccinations, internal parasites, fleas, ticks, ringworm, upper respiratory infections, or other medical problems. I also understand that if I can no longer keep the kitten/cat, I will contact All About Cats Inc. immediately to discuss placement of the kitten/cat - the cat /kitten shall not be given away, sold or exchanged without the prior written permission of All About Cats Inc.

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Driver's license State/Number: _____
Applicant Signature: _____ Date: _____

**There is a \$160 per cat adoption deposit due at the time of adoption
All About Cats, Inc., only accepts cash or checks**

Submit to: Kristy Grieco kgrieco@bellsouth.net or text to 404-401-6793