

Application for Adoption



I'm looking to adopt a: Kitten Cat Senior Date: _____

Name of Cat you wish to adopt: _____

Full Name: _____
Last *First*

Address: _____
Street Address *Aparment/unit #*

City *State* *ZIP Code*

Primary phone: _____ Email: _____

Secondary phone: _____ Driver's License #: _____

Date of Birth: _____ Are you currently employed? Yes No

Number of people in household: _____ Adults (18+) _____ Children: _____
Ages of children: _____

Do you own or rent? Own Rent Landlord Name: _____
Landlord #: _____ Are you allowed to have animals? Yes No

I am adopting today for: Myself My child(ren) My Family A relative A friend

Does anyone living in the household have allergies to any animal? Yes No

If yes, please explain: _____

Do you plan on declawing your cat? Yes No

If so, why? _____

Where will your cat be kept during the day? Indoors, free range Outdoor, free range
 Indoors, contained (crate, room, etc.) Outdoor, contained (fenced yard)

Current Veterinarian: _____ Address: _____

Vet Phone: _____ Name account is under: _____

The basic cost of caring for a pet can be several hundred dollars a month, not including emergency veterinary care. Is this an expense you are willing to incur at this time? Yes No

Explain: _____

Have you ever surrendered an animal to a shelter before? Yes No

If yes, please explain: _____

Please list any animals currently in your household:

Breed	Age	Sex	Fixed?	Current on vaccines?	Where is pet kept?	How long owned?

The noise/activity level in my home is usually: Low Medium High

I'm looking for a pet to be
(select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Active | <input type="checkbox"/> Comfortable around people |
| <input type="checkbox"/> Lazy/ laid back | <input type="checkbox"/> Comfortable with other pets |
| <input type="checkbox"/> Good with kids | <input type="checkbox"/> Outdoor |
| <input type="checkbox"/> Protective | <input type="checkbox"/> Indoor |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Comfortable with travel/new environments |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Require special needs |

Personal Reference: Please do not use a family member or significant other as your Personal Reference

Name: _____ Relationship: _____

Phone Number: _____

Microchip Emergency Contact: We recomend this person is your SO, a Family Member or Trusted Neighbor

Name: _____ Relationship: _____

Phone Number: _____

By signing this application, I certify that the information provied on this application is true, and I recognize that any misrepresentation of facts may result in losing adoption privileges.

I authorize investigation of all statements in this application and understand that veterinarians, landlords, other humane organizations, personal reference may be contacted, as well as social media profiles. I further understand that the adoption of this animal may be delayed until this information can be verified.

Signature: _____ Date: _____

Pet Angel Staff/Volunteer who received application: _____

Comments: