



**Shelter Pet Partners**  
 El Cajon, CA 92021  
 (619) 866-6035  
 www.shelterpetpartners.org

To be completed by SPP representative	
Animal's Name	_____
Breed/Color	_____
Age	_____ Sex _____
F.P. Name	_____
F.P. Contact #	_____

Adoption Site: \_\_\_\_\_

## Cat Adoption Application

Please Print Clearly

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

Spouse/Roommate: \_\_\_\_\_

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

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Spouse/Roommate Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse/Roommate Employer: \_\_\_\_\_

### PERSONAL REFERENCES *(Do not include anyone living with you)*

Name:		Name:	
Phone:	Relationship:	Phone:	Relationship:

1. Do you live in a:  House  Condo  Apartment  Mobile Home  Military Housing  Other (Specify): \_\_\_\_\_

2. How long have you lived there? \_\_\_\_\_

If less than 2 years, previous address & time there: \_\_\_\_\_

3. Do you rent?  Yes  No If Yes, do you have your landlord's permission to have cats?  Yes  No

4. May we contact your landlord?  Yes  No

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Would you object to an inspection of your premises by a rescue representative?  Yes  No

6. Name of veterinarian/hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Estimated annual cost for medical care: \$ \_\_\_\_\_

7. Where will you keep your cat's litter box? \_\_\_\_\_

8. Do you have screens on all your windows?  Yes  No Do you have a balcony?  Yes  No

9. Where will your cat sleep? (Be specific): \_\_\_\_\_

10. Will this animal be kept mostly:  Outdoors  Indoors  Both Do you have a pet door?  Yes  No

11. How many hours per day will this cat be left alone? \_\_\_\_\_  
Where will your cat be kept during this time? (Be specific) \_\_\_\_\_
12. Is anyone in your household allergic to animals?  Yes  No  
If "Yes" are they on medication that can control the allergies?  Yes  No
13. Have you owned a cat or dog before?  Yes  No  
If Yes, what happened to them? (If deceased, please state *cat or dog, cause of death, age at death, and how long ago*): \_\_\_\_\_  
\_\_\_\_\_
14. Do you currently own any animals? #, age and breed of Dogs: \_\_\_\_\_  
#, age and gender of Cats: \_\_\_\_\_  
Have they all been spayed or neutered?  Yes  No When were they last vaccinated? \_\_\_\_\_
15. If any, list the *names & ages* of all children living at home: \_\_\_\_\_  
\_\_\_\_\_
16. Who will be responsible for feeding, grooming, and training your new cat? \_\_\_\_\_
17. Cats have been known to claw furniture, carpet and drapes, dig in potted plants, etc. How do you plan to deal with these potential problems?  
\_\_\_\_\_
18. Have you ever had to give up a pet? \_\_\_\_\_ If so, how long ago was it and what were the circumstances?  
\_\_\_\_\_
19. What will happen to the cat if you move: *Locally*? \_\_\_\_\_  
*Out of state*? \_\_\_\_\_ *Overseas*? \_\_\_\_\_
20. Under what circumstances would you not keep this cat?  Divorce  Move  New Baby  New Job  Illness  
 Other (Be specific): \_\_\_\_\_
21. Why do you want a cat? (Please mark as many choices as apply. Number in order of importance. 1 being the highest)  
For Children \_\_\_\_\_ Companion \_\_\_\_\_ For Spouse \_\_\_\_\_ Mouser \_\_\_\_\_  
As a Gift \_\_\_\_\_ For Other Pet \_\_\_\_\_ Other \_\_\_\_\_
22. Do you plan to de-claw your cat?  Yes  No Why or Why Not? \_\_\_\_\_
23. Cats can live longer than 15 years and their care may amount to over \$400.00 per year.  
Are you prepared to accept this kind of responsibility for his or her ENTIRE life?  Yes  No
24. How did you learn about this cat?  PetSmart  Petco  AdoptAPet  Petfinder  SPP Facebook  SPP Website  
 Friend/Family  Craigslist  Union Tribune  Adoption Event  Other (Specify): \_\_\_\_\_

I UNDERSTAND THAT FILLING OUT THIS APPLICATION DOES NOT GUARANTEE  
THAT I WILL BE APPROVED TO ADOPT FROM SHELTER PET PARTNERS

**I CERTIFY THAT THE ABOVE IS TRUE, AND THAT ANY FALSE INFORMATION MAY RESULT IN NULLIFYING THE ADOPTION.**

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

Adoption Approved By: \_\_\_\_\_ Counselor: \_\_\_\_\_ Date: \_\_\_\_\_