



MUCH ADO ABOUT HOUNDS, INC.  
P.O. Box 871045, Stone Mountain, GA 30087

## CAT ADOPTION APPLICATION

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

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work or Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Cat you are interested in adopting: \_\_\_\_\_

Employer's name/number: \_\_\_\_\_

Do you live with: Spouse/Partner \_\_\_ Roommate(s) \_\_\_ Parents \_\_\_ Alone \_\_\_

How old are you? \_\_\_\_\_ Spouse \_\_\_\_\_ Others \_\_\_\_\_

Does every individual in your home know you are adopting? \_\_\_\_\_

Do any individuals in your home have allergies to animals? \_\_\_\_\_

How often have you moved in the past 5 years? \_\_\_\_\_

### References:

Please provide the name of your employer, clergyman, or anyone not related to you who can attest to your character. Vet references are preferred.

**Name**

**Address**

**Phone**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Living situation and Lifestyle:**

Is the home setting: Urban \_\_\_\_ Suburban \_\_\_\_ Rural \_\_\_\_

Do you live in a: House \_\_\_\_ Apartment \_\_\_\_ Condo \_\_\_\_ With family: \_\_\_\_

If you are renting, please provide landlord's name and phone number for verification:

\_\_\_\_\_

PROOF MUST be provided before adoption: we reserve the right to call the landlord or apartment complex manager for verification.

**Other pets and experience:**

Please list pets that you have currently or have had in the last five years:

Name Breed Altered? Up-to-date on vaccinations? Where is pet currently?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the name of your past AND/OR current veterinarian/clinic?

\_\_\_\_\_

The veterinarian's address/phone number.

\_\_\_\_\_

Have you ever been convicted of animal cruelty, dog fighting, or other crime related to animals or children? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever had an animal impounded? Yes \_\_\_\_ No \_\_\_\_

Was the animal ever reclaimed? Yes \_\_\_\_ No \_\_\_\_ If no, explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever given up a cat for any reason? Yes \_\_\_\_ No \_\_\_\_ If yes, explain:

Are you interested in adopting a declawed cat? \_\_\_\_\_

Do you plan on declawing your cat/kitten? \_\_\_\_\_

For which of the following reasons would you give up your cat? Moving, divorce, financial, cat shedding, medical problems, not getting along with your kids, not getting along with other pets, aggressive, allergies, not under any circumstances.

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Will your cat be inside only, outside only, or both inside and outside? \_\_\_\_\_

What percentage will your cat be indoors? \_\_\_\_\_

Have you ever surrendered a pet to a shelter? \_\_\_\_\_

Would you consider a companion for your cat/kitten? \_\_\_\_\_

Are you aware of the financial responsibility involved in owning a cat (high quality food, treats, toys, annual vaccinations, flea prevention, emergency costs, etc.) and are you prepared to take care of this cat for the duration of its life? Yes \_\_\_\_\_ No \_\_\_\_\_

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Part of our adoption process includes visiting the cat's potential new home. Will you allow a representative to visit your home by appointment? Yes \_\_\_\_\_ No \_\_\_\_\_

**By submitting this form, I certify that the answers in the above Cat Adoption Application are true. I understand that falsifying this application will cause the adoption process to be terminated. Please sign and date below.**

**Printed Name:** \_\_\_\_\_

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

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