

Caring About The Strays (C.A.T.S.), Inc.

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Cat Adoption Application

Date _____

Your Name _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone: Home _____ Work _____ Cell _____

Occupation _____ Employer _____

Spouse/Partner/Roommate _____

Occupation _____ Employer _____

How many hours per day are you and other house members normally away from your home? _____

What are your reasons for adopting a cat? Gift _____ Child _____ Mouser _____ Companion _____

Please describe the type of cat you are interested in adopting: Age _____ Sex _____

Breed _____ Color _____ Temperament _____

Why do you want this cat? _____

Will this be your first cat? _____

What pets have you had in the past? (Include age, sex and breed) _____

Which of these do you still have? _____

What are you currently feeding them? _____

What happened to the ones you no longer have? (If deceased, from what cause) _____

Have you ever had to find another home for any of your pets? _____ If yes, please explain _____

Have you ever had to surrender a pet to a shelter? _____ If yes, please explain _____

Have you ever had to have a pet euthanized? _____ If yes, please explain _____

Are your current pets spayed/neutered? _____ Declawed? _____

Do you plan on declawing this cat? _____

If you presently have a cat, has it been tested for FIV/FelV? _____

How much are you willing to spend annually on medical bills for your cat?

Up to \$100 _____ Up to \$500 _____ Up to \$1,000 _____ Up to \$5,000 _____

What if the vet bills go over this amount? _____

Would you ever euthanize an animal? Yes / No

For what reason, please explain _____

What sort of residence do you have? Apt. _____ Townhouse _____ Single Family Dwelling _____

Do you own or rent your home? _____

Do you have written permission from your landlord to have a cat? _____

Landlord Name _____ Address _____ Phone _____

How long have you lived at this residence? _____ Do you plan on moving soon? _____

If yes, will you be taking your animal with you or will you make other arrangements? _____

Do you have screens in all your windows? _____

Is anyone in your home allergic to cats? _____

If you live with your parents, what restrictions or preferences have they stated as to the type, age or sex of the pet they would like you to choose _____

State the names and ages of all persons living in your home:

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

Which family member will have the responsibility of caring for your new cat? _____

How long will the cat be left alone during the day? _____

Where will the cat be kept while alone? _____

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

How will your new cat spend its days? (Circle everything that applies):

Indoors / Outdoors / Crated / Basement / Garage / Porch / Yard / Run of the House / Cat House / Barn / In 1 room

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Indoors / Outdoors / Crated / Basement / Garage / Porch / Yard / Run of the House / Cat House / Barn / In 1 room

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

Are you willing to make a commitment and take responsibility for this cat to provide medical care, proper nutrition, and loving attention for the next 10 to 25 years? _____

Have you considered providing for your pets in your will? What provisions will you make for the cat should you become unable to care for it? _____

Your Veterinarian: Name _____

Address _____ Phone _____

Please list three personal references (other than relatives) and their relationship to you:

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

3. Name _____ Relationship _____

Address _____ Phone _____

Is there anything else you would like us to know? _____

Home Visit: I / We agree to allow C.A.T.S. Inc. to visit our home by appointment as part of our application and adoption process.

Application Information: All of the information I / We provided in this application is true and correct. I/We give C.A.T.S. permission to check all references stated. If any of the information changes, I/We will advise C.A.T.S. Inc. promptly.

Date _____

Signature _____ May we see your Driver's License? _____

Spouse/Partner/Roommate Signature _____

C.A.T.S. Inc. Volunteer's Signature _____ 2-08