



APPLICATION FOR CAT ADOPTION

PERSONAL INFORMATION

Applicant name _____
Address _____
City, State, Zip _____
Home phone _____ Work phone _____
Home email _____ Work email _____
Employer _____ Occupation _____

CAT INFORMATION

What type(s) of cats are you interested in? Check all that apply:
 Male Female Kitten (under 5 months) Adult Long hair Short hair
Personality type _____ Color/Markings _____
If you are interested in a cat already, list his/her name: _____

HOME INFORMATION

How many people currently reside in your house? _____
List ages of any children in the house: _____
Who is this cat for? Self Gift
Does any member of your house have allergies to animals? Yes No
If yes, explain: _____
Who is responsible for cat care? _____
How would you describe your home?
 Apartment Condo Farm Mobile home Townhouse House
Do you: Own Rent
If rent, provide landlord's name and phone number _____
Are companion animals allowed? Yes No
Where will the cat be kept? Indoors only Outdoors only Both indoors and outdoors
If you move, what will you do with the cat? _____
Do you agree to permit a visit to your home/farm by appointment? Yes No

REFERENCES

We may follow-up with personal references. Please provide the names and phone numbers of up to 3 people.

Name	Phone

CURRENT COMPANION ANIMALS

Do you have any companion animal(s) living in your home? Yes, describe below No

Name	Breed	Age	Neutered	Kept	Time in your care
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both	

Are your companion animals up to date on their vaccinations? Yes No

Veterinarian name: _____

Veterinarian phone: _____

Are you financially able and willing to provide annual checkups, vaccinations, and ANY medical care necessary? Yes No

What precautions would you take to properly introduce a new cat in your home if you have other animals (dog, bird, rabbit, another cat, ect.)? _____

What will you do if your new cat does not get along with your present companion animals?

Why do you want to adopt a cat? _____

If a disciplinary or behavior problem arises, what steps will you take to work on it?

PAST ADOPTIONS

Have you ever adopted an animal from a rescue/animal control facility? Yes No

Have you ever had an application rejected for adoption of an animal from a rescue/animal control facility? Yes No If yes, explain: _____

PAST COMPANION ANIMALS

Do you have any past companion animal(s) you no longer care for? Yes, describe below No

Name	Breed	Age	Neutered	Kept	Time in your care	Why not in your care now
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both		

By signing this form, I acknowledge that all the information on this form is true and correct. I understand that any misrepresentation of fact may result in Whiskers TNR refusing adoption privileges to me. If my request is approved and later Whiskers TNR discovers the above information is not true or correct, Whiskers TNR reserves the right to remove the adopted cat from my home/farm.

Signature _____ Date _____