



APPLICATION FOR CAT ADOPTION

PLEASE PRINT ALL INFORMATION

Adopter's Name: _____ Application Date: _____
 Address: _____ Home Phone: (____) _____
 City: _____ State: _____ Zip: _____ Work / Cell Phone: (____) _____
 e-mail address: _____
 Driver's License No.: _____ State Issued: _____
 Social Security #: _____ (optional) _____

Verified by: _____

1. I: _____ ___ own ___ rent ___ live with roommate	2. I live in a : _____ ___ single family home ___ condo / apartment ___ other: _____	3. Number of people living at home: _____ Children's ages: _____ Is <u>everyone</u> in agreement regarding the adoption of a new cat? ___ Yes ___ Probably ___ No How do / would you discipline a cat? _____ What behaviors would make you get rid of a cat? _____
--	---	---

4. Why are you interested in adopting a cat? ___ companionship for self, others _____ ___ barn cat / mouser ___ as a gift	5. What age feline are you looking for? ___ kitten ___ mature cat ___ young adult ___ other	6. Have you had pets before? ___ Yes ___ No Have you ever gotten rid of a pet? ___ Yes ___ No If so, why? _____
--	---	---

7. If you have had cats before, were they declawed? ___ Yes ___ No Do you plan on declawing your new cat? ___ Yes ___ No

8. Are other pets in your home spayed/neutered? ___ Yes ___ No ___ n/a If not, why? _____

9. Are other pets in your home current on their vaccinations? ___ Yes ___ No ___ n/a If not, why? _____

10. Have all other felines in the home been tested for Feline Leukemia? ___ Yes ___ No ___ n/a If not, why? _____

11. Name/Location of most recent veterinarian: _____ May we contact them? ___ Yes ___ No

12. Will the feline have: ___ limited roam of home ___ free roam of home Where will the feline sleep? _____

13. How often will kitty be alone (outside of your regular workday)? _____

14. Will feline be allowed to go outdoors: ___ Yes ___ No Are other cats in your household allowed to go outdoors: ___ Yes ___ No
 If yes: ___ on leash / harness only ___ supervised (without leash) only ___ free run of property & surrounding areas

15. Do you know anyone that's adopted a feline from The Cat Network? ___ Yes ___ No _____

This questionnaire must be filled out by ALL persons interested in adopting a pet from The Cat Network. Applications will be approved within 24 hours. The information you provide will not be given to any other organization. You will only be added to our mailing list if you adopt a cat from us. It is our responsibility to find appropriate, permanent homes for our cats and kittens, as well as find the right pet for *your* household. To do this, we need specific information from you. We are a private, no-kill, not-for-profit charitable organization, which means it is solely up to us to decide where and with whom our animals are placed. Thank you for your interest in The Cat Network.

By signing below, you are stating that you have answered all questions on this application truthfully and to the best of your knowledge, that you are authorizing us to verify your pet's information listed above with your veterinarian, also listed above, and that if your application is approved, and any information you provide is found to be untrue, adoption contract becomes null and void and feline will be returned to Cat Network ownership. You also agree that a Cat Network representative may schedule periodic visits to your home for follow-ups after adoption of animal.

Signature: _____ Date: _____ Cat Network Approval: _____
 Signature: _____ Date: _____ Notes: _____