



**Companion Animal Foundation
Cat/Kitten Adoption Consideration Form**

Today's Date: _____

Are you at least 18 years of age? Yes [] No []

Name: _____ Driver's License # _____ Exp _____

Address: _____ City: _____ Zip: _____

Mailing Address (If different): _____

Email: _____

Phone #s: Home: (_____) _____ Work: (_____) _____ Cell: (_____) _____

Email Address: _____

How long have you lived at your residence? _____ Type of residence: House [] Apartment []

Studio [] Duplex [] Condo [] Mobile home [] Mother-In-Law [] Other (please specify): _____

Your current Veterinary Hospital: _____

Do we have permission to call your veterinarian for a reference? Yes [] No []

*****Please write in the cat/kitten(s) you are interested in adopting:**

***Thank you** for taking the time to fill out the information below. Many of the questions are asked not only to match you up with a companion that is right for you, but to promote open dialogue as well. A perfect match is always a blessing for everyone. Because an adoption can take 30-60 minutes, adoptions occur between noon and 4:30 pm Monday through Friday **by appointment ONLY**. If these times aren't convenient we will do our best to schedule an appointment at another time.*

How long have you been looking for a cat/kitten? _____

Will this be your very first experience having a pet? Yes [] No [] Is this your first cat/kitten? Yes [] No []

Is the cat you found today close to what you are looking for? _____

Describe the ideal cat/kitten for your family: _____

Are you looking for a: _____ (mark an "x" or check mark to the right of each of your selections)

My companion	<input type="checkbox"/>	Family companion	<input type="checkbox"/>	Companion for my pet(s)	<input type="checkbox"/>	A gift for someone	<input type="checkbox"/>
Child's Pet	<input type="checkbox"/>	Barn cat only	<input type="checkbox"/>	Mouser	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Are all of your animals at home spayed or neutered? If not, please explain why: _____.

What is the earliest age you feel spaying or neutering is appropriate? _____. Explain why: _____.

Are your pets current on vaccines? Yes [] No [] If not, why: _____.

If there are other cats or kittens in your household, have any of them been tested for Feline Leukemia or Feline Aids? Yes [] No [] Unfamiliar about these diseases []

Is anyone positive at this time? Yes [] No []

What animals do you currently have in your household? I have no pets at this time []

Name	Species	Breed(s)	Male/ Female	Spayed or neutered?	Age or Birthdate

Have more pets? Please list on the back of the application

What happened to your last cat(s)? _____

If you currently have dogs in your home, are they ok with cats? Yes [] No [] Unsure []

Has any dog you currently have ever harmed a cat in any way? Yes [] No [] Unknown []

If yes, please explain: _____

(please complete the reverse side)



Who is the cat for? _____ If this person is a minor, are parents willing to help with all the responsibilities? _____

Is this cat for a family member/someone who doesn't live with you or hasn't met the cat yet? Yes [] No []

Do they plan on meeting the cat prior to adoption? Yes [] No [] Why or why not? _____

Please list **all other** people living in your household:

Name	Relationship to you	Age if youth	Have they met the animal yet?

Have more people? Please list on the back of this application.

Do you Own/Rent your home? (please circle one). If you rent, is a pet OK with your landlord? Yes [] No []

Not Sure [] Will you be charged a deposit? Yes [] No [] Not Sure []

Landlord's Name: _____ Phone (____)_____

Name(s) of home ownership (on the title if different than above): _____

Are you planning to move in the next six months? Yes [] No [] Not Sure [] If you have to move unexpectedly what would you do with your pets? _____

Is your cat going to be indoors only, outdoors only, or both? _____ Will you provide a litter box or would you prefer your cat use the outdoors? _____ What type/brand of litter do you use or plan to use? _____ What type and brand of food are you planning on feeding? _____

Do you plan to de-claw? Yes [] No [] Not Sure [] Explain: _____

What type of behavior problem would make it difficult for you to continue to keep your cat & how could you fix it? _____

Have you ever surrendered a pet to a shelter for any reason? Yes [] No [] Why: _____

Are you prepared to have a cat for 12-20 years, the average lifespan? Yes [] No [] If you could no longer keep or provide for your pet, what would you do? _____

If you were faced with a veterinary bill of \$200 or more, would this be a burden for you? Yes [] No [] Explain: _____

Would you like to be added to our mailing list? Yes [] No []

Please list 3 personal references (other than family members or current partners) local phone numbers are best.

1. Name: _____ Phone: (____)_____ Relationship: _____

2. Name: _____ Phone: (____)_____ Relationship: _____

3. Name: _____ Phone: (____)_____ Relationship: _____

Please know that an adoption may take a day or two (or longer if the kitten is not yet up for adoption) so that the above information can be reviewed and confirmed. You are welcome and encouraged to visit the kittens anytime during visiting hours!

I hereby state that the above information provided herein is complete and correct. Any information that we find that is false without reasonable explanation will be reason to terminate this application and adoption process. By signing below you are granting us permission to continue with this application and to call any necessary references, your veterinarian and landlord (if applicable).

Signature: _____ **Date:** _____

Print Name: _____

Application Review by: _____ Date: _____

References Called: _____ Approved _____ Not Approved _____