

Application for Feline Adoption

Date: _____

Name of Cat Desired: _____

Applicant Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

DOB: _____

Are you currently employed? _____ Yes _____ No _____ Other, please explain

Employer's name and contact: _____

Number of people in the household: _____ Please list ages of children if applicable: _____

Are you or any member of your family allergic to cats? _____ Yes _____ No

Co-Applicant Information

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Are you currently employed? _____ Yes _____ No _____ Other, please explain

General Information

Type of Residence: _____ If rental, are cats allowed? _____

Complex name, if applicable: _____

Manager/Landlord Name: _____ Manager/Landlord Phone Number: _____

Where will cat live? _____

The cat will be: indoor only outdoor only indoor/outdoor

How many hours per day will the cat be left alone? _____

Where will the cat stay when alone? _____

In the absence of the primary caregiver, who will care for the cat? _____

Under what circumstances would you return the cat to us? _____

Are you willing to take responsibility if the cat acquires an illness? _____ Yes _____ No

Are you willing and able to pay the veterinary costs of caring for your new pet? _____ Yes _____ No

How do you consider your pets? _____ Just a pet _____ Part of the family

How much time are you willing to spend to allow your new pet to adjust to your home? _____

Pet Information

Have you had pets in the past five years? _____ Yes _____ No If yes, please fill out the following.

Name of Pet/Type of Pet: Years Owned: Spayed/Neutered: Inside/Outside: Where is pet now?

Name of current or past Vet clinic: _____ Phone: _____

Please contact your current/past Veterinary clinic and give them permission to disclose information about your pet(s) records with us.

Are you aware that a cat is a large and lifelong commitment? _____ Yes _____ No

Owners Obligation

I, _____ will abide by the following procedures and treatments placed on the adoption of the pet. They are as follows:

1. To continue with any vaccines that the cat may need to protect from harmful diseases at Dickin Memorial Animal Hospital for the first year.
2. To have the cat spayed or neutered by the age of 6 months at Dickin Memorial Animal Hospital.
3. If any problems arise, and I cannot keep this pet, I will contact Dickin Memorial Animal Hospital and return the pet to them.
4. The information on this application is true and filled out to the best of my ability.

Applicant Signature: _____ Date: _____