



# VOLUNTEERS FOR ANIMAL PROTECTION (“VAP”) FELINE ADOPTION APPLICATION

VAP is pleased that you have decided to apply for adoption of a cat or kitten. Every effort is made to make a suitable match of traits you desire in your new cat or kitten, with the characteristics exhibited by the cat or kitten being considered for adoption. It is our goal to ensure the welfare and happiness of the cat or kitten being considered for adoption into your family.

## PLEASE COMPLETE THE FOLLOWING:

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouses Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouses Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

How did you hear about VAP?  Adopted previously from VAP  Family member  Friend

Newspaper  Walked into Petco  Other (explain): \_\_\_\_\_

Description of cat/kitten desired: \_\_\_\_\_

What characteristics are you looking for in a cat or kitten? \_\_\_\_\_

Why did you decide to adopt a cat/kitten? \_\_\_\_\_

Is this pet for (circle one):    Inside Only                      Outside Only                      Inside and Outside

Do you want a cat/kitten for a (check all that apply)

House pet \_\_\_\_ Gift \_\_\_\_  
Mouser \_\_\_\_ Child's pet \_\_\_\_  
Barn Cat \_\_\_\_ Companion for other pet \_\_\_\_  
Family Pet \_\_\_\_ Companion for elderly family member \_\_\_\_  
Other (please describe) \_\_\_\_\_

Where will the cat/kitten be during the day? \_\_\_\_\_

Where will the cat/kitten stay at night? \_\_\_\_\_

What would be a good reason for allowing your cat/kitten outside? \_\_\_\_\_

How many hours per day will cat/kitten be alone during the day? \_\_\_\_\_

How long do you think it should take for your cat/kitten to adjust to your home? \_\_\_\_\_

How does everyone in your household feel about adopting a cat/kitten? \_\_\_\_\_

How many adults (18+ years old) live in your household? \_\_\_\_\_

Please list ages of the children: \_\_\_\_\_

Do you live in a (check one) \_\_\_\_ House \_\_\_\_ Apartment \_\_\_\_ Condo \_\_\_\_ Mobile home \_\_\_\_ Other

Do you (check one) \_\_\_\_ own \_\_\_\_ rent \_\_\_\_ Live with a relative?

If you do not own your residence, do you have your complex/landlord's permission to have a pet? \_\_\_\_ Yes \_\_\_\_ No

Name of Landlord/Complex \_\_\_\_\_

Phone number of Landlord/Complex \_\_\_\_\_

Are there restrictions to number of pets in your subdivision or apartment complex? \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ Are you planning to move anytime soon \_\_\_\_\_

If you do move, what would you do with your pet? \_\_\_\_\_

What would you do if you need to move to a place that does not allow pets? \_\_\_\_\_

Do you babysit in the home? \_\_\_ Yes \_\_\_ No Have you discussed how the parents feel about cats? Y or N

Are you familiar with local regulations regarding licensing and leashing of your pets? \_\_\_ Yes \_\_\_ No

Are you familiar with the following feline diseases or illnesses?

Feline Leukemia	Yes	No	Feline Aids (FIV)	Yes	No
Feline Lower Urinary Tract Disease	Yes	No	FIP	Yes	No
Heartworm Disease in cats	Yes	No			

If the cat/kitten becomes seriously ill or injured and needs extensive veterinary care, what would you do? \_\_\_\_\_

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Do you currently have a veterinarian? \_\_\_ Yes \_\_\_ No

Name of veterinarian or clinic \_\_\_\_\_

How much do you anticipate spending yearly for food, litter, toys, medical care, grooming, or other expenses for this pet? \$100 \$200 \$300 \$400 \$500 or more

Where do you intend to place the litter box? \_\_\_\_\_ Do you have a pet door? \_\_\_ Yes \_\_\_ No

What brand of food do you intend to feed your cat/kitten? Dry \_\_\_\_\_ Can \_\_\_\_\_

What behavior(s) would you consider unacceptable in a cat/kitten? \_\_\_\_\_

What would you do if your pet exhibited the following behaviors:

Clawing furniture \_\_\_\_\_

Marking territory \_\_\_\_\_

Jumping on unwanted areas (furniture, counters, etc) \_\_\_\_\_

Difficulty adjusting to your household: \_\_\_\_\_

Not getting along with your other pets: \_\_\_\_\_

Do you intend to **declaw** your cat? Yes No Would you consider other alternatives? Yes No

Have you ever returned or given a pet away before? \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_

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What would you consider a good reason to give up this pet? \_\_\_\_\_

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Please list all animals **currently** owned: \_\_\_\_\_

DOG/CAT & BREED	ALTERED? Y/N	SEX	DATE OF LAST VET VISIT	AGE	INSIDE/OUTSIDE OR BOTH

Please list all animals **previously** owned:

DOG/CAT & BREED	ALTERED? Y/N	SEX	DATE OF LAST VET VISIT	AGE	INSIDE/OUTSIDE OR BOTH

I certify that the information contained in this application is true. I further understand that any false information may result in denial of the application. This application is the property of Volunteers for Animal Protection. VAP reserves the right to decline any application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADOPTION STAFF USE ONLY**

First interview by: \_\_\_\_\_ Date \_\_\_\_\_

Second interview by: \_\_\_\_\_ Date \_\_\_\_\_

Foster home: \_\_\_\_\_ Cat/Kitten name \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_