

Cat Around Town Project



Adoption Application

Application submitted for:

Feline Name(s): _____

Contact Information:

Name: _____ Co-Applicant Name: _____

Relationship to Co-Applicant: _____

If the co-applicant listed is your significant other, how long together? _____

Street Address: _____

Mailing Address (if different): _____

City, State & Zip Code: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you 21 years of age or older? Yes No

Co-Appl. Cell Phone: _____ Co-Appl. Email Address: _____

Family Information:

Are you or the Co-Applicant a student? _____

Number of adults in household? _____ Ages? _____

Number of children in household? _____ Ages? _____

Are you willing to teach young children the proper care and treatment of this cat? Yes No

Besides your immediate family, are others residing in your home? Yes No

Names & Ages of other residents: _____ Relationship of other residents: _____

Is everyone in the home in agreement with adopting a cat? Yes No

Is anyone in your home allergic to cats? Yes No

Home Information:

Do you own or rent your home? _____ How long have you lived at your current address? _____

Please describe – house, apartment, townhouse, condo? _____

If you rent, please provide your landlord's name & phone number: _____

Do you have the permission of your landlord to have a cat? Yes No

Is a pet deposit required? Yes No Paid? Yes No

Current Pet Information:

Do you own any pets now? Yes No Are all your current pets Spayed/ Neutered? Yes No

If yes, how many of each type: ___ Cats ___ Dogs ___ Other Pets

If you have dogs, what breeds: _____

Are your current pets on monthly flea preventive treatment? Yes No

Are your current pets up to date on all vaccinations? Yes No

Have your current cats been tested for feline leukemia and FIV? Yes No Results: _____

Do any pets have health issues that could affect a cat? Yes No

If YES, please describe: _____

Briefly tell us why you would like to adopt: _____

A home visit is **required** prior to approval of adopting a cat. Will you permit a home visit by a Cat Around Town Project representative? Yes No

I/we attest that the information provided on this form is true and accurate to the best of my/our knowledge.

Applicant's Signature: _____

Date: _____

Applicant's Printed Name: _____

Co-applicant's Signature: _____

Date: _____

Co-applicant's Printed Name: _____

Thank you for applying to adopt a cat. Our Adoption Home Coordinator will be in touch with you soon.

Date:	STAFF USE	Initials:
Notes:		