



Cat Adoption Application

Please note:

- **You must fill out every applicable space on the application or it will not be accepted.**
- We will contact your veterinarian to make sure your other animals are spayed/neutered and up-to-date on vaccinations. Please notify your veterinarian and give them permission to release your information to Seniors for Seniors.
- Please discuss adopting a cat with everyone in your household before beginning the adoption process.
- Please understand that we reserve the right to deny an application for any reason. We work very hard to make a harmonious match between families and our cats.
- We reserve the right to request a home visit.

Personal Information

Why do you want to adopt a cat? _____

Are you interested in a particular cat or cats? If so, which? _____

Your name: _____ Email: _____

Phone: _____ Alternate phone: _____

Address: _____

Are you employed? Yes No Retired

Name of employer: _____ How long have you been employed? _____

Work hours: Daytime Nighttime Full time Part time

Household Information

How many adults are in your home? _____ How many children / what ages? _____

Do you: Own Rent Do you live in: House Townhouse Apartment/condo

If you rent, landlord's name and phone number: _____

Will you move in the next six months? Yes No Maybe When? _____

Have you or any member of your family had a history of allergies or asthma? Please explain:

Pet History

Current pets, including breed, age, and sex:

Are your pets spayed or neutered? _____

Are your pets current with vaccinations? Yes No

Veterinarian name and phone number: _____

Please list any previous pets you have had in past 5 years and what happened to them. If any are deceased, how old were they when they passed and what was the cause?

Have you ever surrendered an animal to a shelter? Yes No

If so, why? _____

New Cat

What would your preference be in a new cat? Check all that apply.

Shorthair Longhair Male Female Declawed No preference

Your perfect cat would be: (appearance, personality) _____

Do you plan to declaw? Yes No Why or why not? _____

Will the cat be an indoor or outdoor cat? Indoor Outdoor Indoor/outdoor

If outdoor or indoor/outdoor, please explain in detail: _____

Who will be responsible for primary care of the cat? _____

Who will be responsible for trips to the vet? _____

What will you feed the cat? Dry food Canned food Dry and canned Please advise

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

Who will care for the cat while you are away for work or vacation? _____

Under what circumstances would you give up this cat? Biting Scratching furniture

Money New pet New baby Moving Cat's illness Hiding Too active

Have you ever had an animal removed from your home or had an application refused by other rescue groups? If so, explain: _____

Please list anything else you would like to include regarding your experience with animals.

References

We require three personal references from people who would know about your ability to care for a pet. We prefer phone numbers, but providing an email address is sufficient.

Reference 1 name and phone/email: _____

Reference 2 name and phone/email: _____

Reference 3 name and phone/email: _____

Miscellaneous

How did you hear about Seniors for Seniors? _____

Agreement

*If you are no longer able to take care of this cat for **any** reason, you must return it to Seniors for Seniors.*

I have read and answered all of the above questions and agree that they are accurate.

Signature: _____ Date: _____