



# ADOPTION APPLICATION

Date

## YOUR CONTACT INFORMATION

First Name  Last Name

Preferred Name (if different from first name)

Pronouns

Address

City/State  Zipcode

Phone  Birth Date

Email

NAME OF CAT YOU'RE APPLYING TO ADOPT

## WHO ARE YOU ADOPTING THIS CAT FOR?

Yourself  Family  
 Friend  Other:

## DO ALL MEMBERS OF YOUR HOUSEHOLD KNOW YOU ARE ADOPTING A NEW PET?

Yes  No

## WHAT IS YOUR LEVEL OF CAT EXPERIENCE?

First-time cat owner  Had cats growing up  
 Some experience with cats  Cat savvy

## YOUR NEW CAT WILL LIVE...

Indoors only  Indoors with supervised outdoor access (i.e. catio, harness/leash)  
 Outdoors only  Indoors and outdoors

## DO YOU PLAN TO DECLAW YOUR NEW CAT?

Yes  No

## YOUR HOME IS...

Busy!  Moderate  Quiet





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**ON AVERAGE, HOW MUCH TIME WILL YOUR NEW CAT SPEND HOME ALONE?**

- Under 4 hours    4-8 hours    8-12 hours    Over 12 hours

**ARE THERE ANY CATS LIVING IN YOUR HOME THAT ARE NOT SPAYED OR NEUTERED?**

- Yes    No

**WHO ELSE LIVES IN YOUR HOUSE?**

- Child/ren under 10    Teen/s or tween/s    Cats    Dogs

**WE'LL SHARE WHAT WE KNOW ABOUT YOUR NEW CAT'S MEDICAL AND BEHAVIORAL HISTORY. PLEASE CHECK ADDITIONAL TOPICS YOU'D LIKE TO DISCUSS:**

- |  |   |
|--|---|
| <input type="checkbox"/> Scratching behaviors/training         | <input type="checkbox"/> Toys                                 |
| <input type="checkbox"/> Introducing my cat to other pets      | <input type="checkbox"/> Microchips and other ID options      |
| <input type="checkbox"/> Pet insurance                         | <input type="checkbox"/> Finding a veterinarian               |
| <input type="checkbox"/> Help with entertaining my cat indoors | <input type="checkbox"/> Separation anxiety                   |
| <input type="checkbox"/> Litter box training                   | <input type="checkbox"/> Flea, tick, and heartworm prevention |
| <input type="checkbox"/> Introducing my cat to children        | <input type="checkbox"/> Safe outdoor access                  |
| <input type="checkbox"/> Grooming/nail trimming                | <input type="checkbox"/> Adjustments to the new home          |
| <input type="checkbox"/> Feeding                               | <input type="checkbox"/> Supplies                             |

**IF YOU'D LIKE TO DISCUSS ANYTHING ELSE ABOUT THE PET'S MEDICAL AND BEHAVIORAL HISTORY, LET US KNOW BELOW:**

Signature