

PARTNERS FOR PETS CAT ADOPTION APPLICATION

This form has been created for the benefit of all Partners for Pets orphans and their potential adopters.
 On behalf of all the abandoned animals, please take the time to thoughtfully complete this form.
 (Must be 18 years of age)

Completion of this form does not entitle you to an animal, nor obligate you to adopt an animal.

Name: _____ Age _____ Today's Date _____

Address: _____ Apt # _____ City, State, Zip: _____

Mailing Address:(if different) _____

Home phone: _____ Work phone: _____ Cell phone: _____

E-Mail: _____ Occupation: _____

Number of adults in household? _____ Number of Children in household? _____ Ages of children? _____

Type of dwelling? House () Apartment () Condo () Other () Own () Rent () Live with relative () Other ()

If you rent, what are the restrictions for having a pet? _____

Landlord's name: _____ Landlord's phone number: _____

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How did you hear about Partners for Pets? _____

What is the name of the cat you are interested in adopting? _____

What role would you like your new cat to play in your life: Companion/family pet () Barn cat () Mouser () Other ()
 If other, please explain: _____

How would you describe your home? Serene () Some activity () Grand central station () Other ()

Who are you adopting this cat for? Self () Children () Family () Gift () Friend for other pet () Other ()

Can you provide a home for this cat for 10 to 20 years or more? Yes () No () Don't know ()

Please list cats and dogs that you currently live with or have lived with in your adult life:

Animals Name	Age	Gender	Cat or Dog /Breed	Spayed/Neutered?	Owned for how long?	Still Own?	If no, what happened?
		M/F		Yes/No			
		M/F		Yes/No			
		M/F		Yes/No			
		M/F		Yes/No			
		M/F		Yes/No			
		M/F		Yes/No			
		M/F		Yes/No			
		M/F		Yes/No			
		M/F		Yes/No			

Please complete reverse side also.

Adopting a cat brings with it a lot of responsibility, including annual veterinarian visits, vaccinations, and possible emergency care. This is more expensive than many people realize. Are you aware of and prepared to assume the financial responsibilities for your newly adopted cat? Yes () No () Not sure ()

Do you have a veterinarian? Yes () No () If yes, what is the vet's name? _____

Have you had a cat declawed in the past? Yes () No ()
Do you intend to declaw this cat? Yes () No () Don't Know () Why? _____

Where do you plan to keep the litterbox? _____

Does anyone in your home have allergies or asthma? Yes () No ()

When will you be spending the majority of time with your new cat?
Weekdays () Weeknights () Weekends () Other () Please explain _____

Once the cat is comfortable in your home where will he/she be kept?
Indoors only () Outdoors only () Indoors/Outdoors ()

If you have a dog, do you have a doggie door for them to go outside? _____

What circumstances might make you consider not keeping this cat and return it to Partners For Pets? (Check all that apply)

- Moving () New baby () Change in marital status () Not getting along with other pets ()
- Aggression () Destructive behavior () Housebreaking Problems () Allergies ()
- Other () Please explain _____ None ()

If you have to be away for business or vacation, how will your cat(s) be cared for?
Leave alone with plenty of food/water () Pet Sitter () Friend/relative will check on it () Kennel () Other ()

Volunteer Use Only	Notes _____
Landlord called Yes () No ()	_____
Landlord approved Yes () No ()	_____
Volunteer name _____	_____
