

# Cat / Kitten Adopter Application \_\_\_\_\_

Date \_\_\_\_\_

Cat I'm interested in: \_\_\_\_\_



## Your Information

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Age \_\_\_\_\_

Spouse/Roommate Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Schedule \_\_\_\_\_

Phones (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

How did you hear about **KITTY KONNECTION** ?

Petfinder.com  Facebook  Found you at PETCO  Friend  Other \_\_\_\_\_

## Your Pets

### Your Cats:

How many cats do you have? \_\_\_\_\_ Ages \_\_\_\_\_ How long have you had them? \_\_\_\_\_

Do they get along with other cats and/or dogs? \_\_\_\_\_

Are your cats current on vaccinations?  Yes  No      Were you cats tested for FeLV/FIV  Yes  No      Are your cats spayed/neutered?  Yes  No

Are any of your cats declawed?  No  Yes .....  Already done when acquired  I had it done

Have you had any cats previously?  No  Yes \_\_\_\_\_

### Your Dogs:

How many dogs do you have? \_\_\_\_\_ Ages \_\_\_\_\_ How long have you had them? \_\_\_\_\_

Breed(s) / Mix(es) \_\_\_\_\_

Are they  Outside only  Outside/Inside  Inside only      Do they get along with cats? \_\_\_\_\_

Are your dogs current on vaccinations?  Yes  No      Are your dogs spayed/neutered?  Yes  No

### Your Veterinarian:

Name \_\_\_\_\_ Clinic name \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## Your Household

I live in  single family house  apartment  townhome  duplex  mobile home

I  Own ..... Are you subject to Association limits on pets?  No  Yes ..... What are the limits? \_\_\_\_\_

Rent ..... Do you have written permission from your landlord to have a cat?  No  Yes

Landlord's name \_\_\_\_\_ Phone \_\_\_\_\_

Are there children in the home?  No  Yes ..... Number \_\_\_\_\_ Ages \_\_\_\_\_

↳ Have any had a cat before?  No  Yes ... \_\_\_\_\_

Number of adults in the home? \_\_\_\_\_

## Your Prospective Cat's Life

Will your cat be  Indoors only  Indoors/Outdoors  Outdoors mostly  Outdoors only ?

Do you expect to declaw your kitty  Yes  No ?

How many hours per day will there be **no one home** with your cat? ..... Monday-Friday \_\_\_\_\_ Saturday-Sunday \_\_\_\_\_

How will your cat spend its DAYS when someone **is** home? *(Check everything that applies.)*

whole/part house access  single room  sunroom  screened porch  basement  garage  crate

How will your cat spend its DAYS when someone is **not** home? *(Check everything that applies.)*

whole/part house access  single room  sunroom  screened porch  basement  garage  crate

How will your cat spend its NIGHTS? *(Check everything that applies.)*

whole/part house access  single room  sunroom  screened porch  basement  garage  crate

When you are gone for 24-48 hours, how will your cat be cared for?

will leave food and water  neighbor/relative  pet sitter  board at kennel  \_\_\_\_\_

When you are gone for more than 48 hours, how will your cat be cared for?

will leave food and water  neighbor/relative  pet sitter  board at kennel  take with us  \_\_\_\_\_

Are you, or anyone else in your household, **al'ergic to cats**?  No  Yes OR **have asthma**?  No  Yes

Under what circumstances might you consider giving up your cat? *(Check everything that applies.)*

moving  allergies  new baby  not getting along with other pets  children leave home  behavioral problems

separation/divorce  personal/family medical issues  cat develops medical problems  too time consuming

Other: \_\_\_\_\_  There is no reason I would give up my kitty

If you did need to give up your cat, would you agree to return it to **KITTY KONNECTION**?  Yes  No: \_\_\_\_\_

**HOME VISIT: I agree to allow you to visit my home by appointment** as part of my application or as a follow-up to adoption.

Yes  No

**APPLICATION INFORMATION: All of the information and answers I have provided in this application are true and correct. If any information changes, I will advise you promptly.**

Yes  No

Signature: \_\_\_\_\_

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