



APPLICATION FOR FELINE ADOPTION

Date:	Name of cat desired (if known):	Color(s):
Microchip: (internal use only)	Awwdoptable Coordinator: (internal use only)	
Age of cat desired:	Oldest cat considered:	Approx. weight as an adult cat:
Applicant Information		
Name:		
Address:		
City:	State:	Zip:
Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
Number of People in Household:	If children are in the household, please list ages:	
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Co-Applicant Information		
Name:		Relationship:
Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
General Information		
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn		
Do you own or rent your residence? <input type="checkbox"/> Own <input type="checkbox"/> Rent	If rental, have you confirmed that cats are allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cost of pet deposit and/or monthly additional pet "rent" for this cat to live in your rental unit: \$_____ deposit and/ OR \$_____ / mo
Complex name/address:		
Manager/Landlord:		Phone number:
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits		
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road		Speed limit:
Where will cat live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside		
Where will the cat spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside		
Will you allow the cat to run loose? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, where?
How many hours per day will the cat be alone?		Where will the cat stay when left alone?

Describe the activity level in your home:	<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking) <input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (specify)
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In the absence of the primary caregiver, who will care for the cat?

Under what circumstances would you return the cat to us? New Job Divorce New Baby Move Illness
 Other – specify

Are you willing to take responsibility if this pet acquires an illness? Yes No

Are you willing and able to pay the veterinary costs of caring for your new pet? Yes No

Do you have an established relationship with a veterinarian?

Name and address of your preferred veterinarian?

Do you consider your cat a part of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan to declaw your cat? <input type="checkbox"/> Yes <input type="checkbox"/> No
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It takes time for any pet to adjust to a new home, other pets and family members. Some signs of stress while a cat adjusts include inappropriate potty habits, hiding, reduced appetite, and hissing. Awwdoptable, Inc. recommends keeping your new cat confined to a small area (ex. bathroom, laundry room, sunroom) away from other pets or high activity for the first week, with you and other family members visiting to provide interaction, stimulation, and food several times per day.

Is this something your living situation can accommodate? Yes No

How much time are you prepared to allow for your new cat to adjust to your home?

If your cat continues to display signs of stress, are you willing to reach out to Awwdoptable, Inc. or your veterinarian for behavioral recommendations to try? Yes No

Pet Information

Have you had pets in the last five years? Yes No If yes, complete the following chart

<i>Name of Pet; Type of Pet</i>	<i>Years Owned</i>	<i>Spayed/Neutered</i>	<i>Inside/Outside</i>	<i>Where is Pet Now?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	

Current or past vet name of clinic:	Phone:
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Do you consider your pets as part of the family? Yes No

Are you aware that a cat is a large and lifelong commitment? Yes No

How did you hear about Awwdoptable, Inc.?	Would you like to become a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Personal Reference

Name:	Relationship:
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Phone:	Best time to contact:
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Comments: